

OVERVIEW

Following the June 28 Anderson Guest House Residential Care Facility fire in which 11 deaths occurred, the Department of Health and Senior Services (DHSS) and the Department of Mental Health (DMH) reviewed their respective fire safety and related regulations for residential care facilities. The purpose of the review was to identify areas for enhancing requirements to assure the safety and well-being of residents.

PROCESS

Both departments compared the fire safety regulations for residential settings that each license and/or certifies. A Comparison of Fire Safety Requirements for DMH Residential Facilities is presented in [Appendix A](#), which outlines fire safety requirements and provisions among facility types, sizes, services and programs.

Table 1 summarizes the numbers of residential-only providers by licensure and certification categories. The categories of DHSS/DMH Dual License and DMH License apply for the MRDD and CPS Divisions. It should be noted that ADA programs are exempt from licensure as described in section 630.705, RSMo.

Community Providers	DHSS/DMH Dual License	DMH License	DMH Certification
MRDD	220	163	325
CPS			0
ADA	0	0	29

Table 1 - Numbers of Residential Providers

Several methodologies were used to generate ideas and recommendations for improving safety provisions in residential settings in Missouri.

- A sample of regulations for mental health programs and facilities from other states was reviewed. The sample consisted of the following states: Arizona, Connecticut, Massachusetts, Oregon and Tennessee. The scope of the regulations reviewed included prevention, application, practices, interventions, training, staffing, planning, and policy/procedure development. Missouri's mental health regulations compared favorably with the sample. However, the review was also the source of some of the recommendations summarized later in this report.
- A sample of nationwide sprinkler and staffing information was reviewed and is provided with this report as [Appendix B](#).
- DMH staff consulted with the Missouri State Fire Marshal's office. Currently, the Fire Marshal's office conducts the fire safety inspections for residential programs solely licensed by DMH and for the residential habilitation programs under the MRDD Medicaid Waiver.

- DMH requested assistance from the Human Services Research Institute, a consulting group specializing in mental health issues. They reviewed DMH licensure and MRDD certification regulations and survey instruments, and provided recommendations to enhance oversight.

Based on the departments' review of their respective safety laws and recommendations pertaining to **Residential Care Facilities and Assisted Living Facilities**, the following recommendations are offered:

RECOMMENDATIONS

I. PHYSICAL PLANT

Recommendation 1: Sprinkler Systems

Current Requirements

All facilities initially licensed after October 2000, must have either a National Fire Protection Association (NFPA) 13 (commercial) or NFPA 13R (residential) sprinkler system installed. (*See [Appendix B](#) for National Comparison of Sprinkler System Requirements.*) Approximately 89% of all skilled nursing facilities (SNFs) and intermediate care facilities (ICFs) have an NFPA 13 system installed. Approximately 42% of RCFs and ALFs have sprinkler systems installed. (*See [Appendix C](#) for a statewide map of RCFs and ALFs with and without installed sprinkler systems.*) CMS is proposing that all certified long-term care facilities be fitted with NFPA 13 sprinkler system. (*See [Appendix D](#) for the proposed rules.*)

An NFPA 13 system requires sprinkler coverage in all areas of the facility (including attic spaces), while a 13R system only requires coverage in resident occupied areas. Facilities licensed before October 2000 may or may not be required to have a sprinkler system, depending on the date of initial licensure, the number of building stories and the construction type. (*See [Appendix E](#) for specific requirements.*)

Concerns with Current Requirements

Only the NFPA 13 system requires full sprinkler coverage for a building. Specifically, a 13R system does not require attic coverage. In addition, legislation passed last year allows hospice residents, many of whom are bed-bound, to reside in Assisted Living Facilities (ALFs) with no sprinkler system (see Section 198.073.5, RSMo).

Recommended Changes to Current Requirements

RCF – all facilities must install and maintain an approved NFPA 13 sprinkler system unless the facility can show, in writing from a certified sprinkler system representative or licensed engineer that the facility is unable to install an approved NFPA 13 system due to the unavailability of water supply requirements associated with this system. In those cases, the facility must install and maintain a NFPA 13R sprinkler system.

ALF – All multi-story ALFs and single story ALFs caring for residents who cannot exit the facility with minimal assistance, even if the resident is on hospice, must install and maintain an approved NFPA 13 sprinkler system. Single story ALFs that provide care only to residents who can exit the building with minimal assistance, must install and maintain an approved NFPA 13 sprinkler system unless the facility can show, in writing from a certified sprinkler system representative or licensed engineer, that the facility is unable to install an approved NFPA 13 system due to the unavailability of water supply requirements associated with this system. In those cases, the facility must install and maintain an approved NFPA 13R sprinkler system. DHSS recommends revising section 198.073.5, RSMo to remove the exception allowing bed-bound hospice residents to remain in a facility without a sprinkler system.

Approximately 58% of RCF/ALFs (approximately 367 facilities) do not have complete sprinkler systems. If the above recommendations are implemented, installation of required sprinkler systems will result in costs to the industry. There is also a concern for DMH of a potential loss of placements if beds are reduced because of the cost for compliance. Phasing in the requirement for sprinklers can afford DMH the opportunity to work with the legislature to fund rate enhancements that support a single standard of fire safety as proposed. For those reasons, the departments recommend that a sufficient period of time be given facilities without sprinkler systems to complete installation.

DHSS recommends the aforementioned requirements be incorporated as statutory requirements in chapter 198, RSMo rather than solely as regulatory requirements. (See [Appendix B](#) for national comparisons.) The departments also recommend that a statewide standard for qualified sprinkler system service representatives be developed.

Recommendation 2: Fire Alarm Systems

Current Requirements

Under current requirements, facilities may have various types of fire alarm systems, ranging from home smoke detectors to complete fire alarm systems. There is currently no specific requirement for heat detection.

Concerns with Current Requirements

Any system short of a complete fire alarm system as described below does not provide for full detection coverage of the entire facility.

Recommended Changes to Current Requirements

All facilities must install and maintain a complete approved fire alarm system. All components of a complete approved fire alarm system shall be UL (Underwriters Laboratories) or Factory Mutual (FM) listed for use with a fire alarm system and compatible with the existing fire alarm system. If the component is not listed for this use, the fire alarm is not in compliance with NFPA 72. A complete fire alarm system contains, but is not limited to, the following components:

- An emergency power supply;
- Dual ionization/photo electric smoke detectors in corridors every 30 feet, with no smoke detector farther than 15 feet from ends of corridors. All smoke detectors and other initiating devices must be interconnected to the fire alarm system. In facilities licensed

for twenty or fewer residents, interconnected smoke detectors shall be provided in all corridors and resident use space;

- Carbon monoxide detection devices installed and maintained according to manufacturer's specifications. Carbon monoxide detectors shall not be interconnected to the alarm system;
- Rate to rise heat detectors (containing both a fixed temperature activation and a sensing element to detect a sudden change in temperature) installed in attic spaces, kitchens, furnace rooms and other mechanical or concealed spaces and other areas deemed necessary by DHSS and in accordance with manufacturer's specifications. All heat detectors must be interconnected to the fire alarm system. Heat detectors would not be required for facilities with an approved NFPA 13 sprinkler system because an approved NFPA 13 system requires sprinkler coverage in these areas;
- Automatic transmission of the alarm activation to a local fire department which is staffed 24 hours a day or to an offsite monitoring station which is staffed 24 hours a day;
- Annunciation and transmission upon activation of any fire suppression system, including but not limited to, the sprinkler system;
- Manual activation by pull station at all exits and attendants' work stations;
- Audibility in all areas of the building.

DHSS recommends the aforementioned requirements be incorporated as statutory requirements in chapter 198, RSMo rather than solely as regulatory requirements. The departments also recommend that a statewide standard for qualified fire alarm service representatives be developed.

Recommendation 3: Electrical Wiring

Current Requirements

1. All facilities at all levels of care and licensure require a "qualified electrician" to inspect the electrical wiring every two years. There is no definition of a qualified electrician, nor is there any state certification of electricians. However, some cities and counties have specific requirements relating to electricians.
2. For RCFs and ALFs built prior to September 28, 1979, electrical wiring shall be maintained in good repair and shall not present a safety hazard.
3. There are no requirements or standards for upgrading or replacing electrical wiring, and no current regulatory guidance for electrical inspections.

Concerns with Current Requirements

The departments feel a qualified electrician should annually inspect the electrical system. Without a definition of qualified electrician, there are no requirements that facilities contract with a qualified individual. RCFs and ALFs built before September 28, 1979 have virtually no requirements with which to comply. In the absence of local electrical codes, there is no guidance on compliance requirements for upgrades to or replacement of electrical systems.

Recommended Changes to Current Requirements

1. The departments recommend that a statewide standard for who is deemed a "qualified electrician" be developed. Such a standard may incorporate a person or company licensed or

certified in the city or county in which the facility is located and should include one who is bonded and/or insured.

2. Electrical wiring for RCFs and ALFs built prior to September 28, 1979 shall be installed and maintained in accordance with the 1985 National Electric Code.
3. Any upgrades, additions or replacement of the electrical wiring system shall comply with the 1999 or newer edition of NFPA 70, *National Electric Code*. A qualified electrician shall complete any upgrades, additions or replacement of the electrical wiring system.
4. For all facilities at all levels of care and licensure, the electrical inspection shall contain an inspection of the following components:
 - a. Flexible Cords (including those on appliances)
 - b. Plugs and Connectors
 - c. Extension Cords
 - d. Multiple Current Taps
 - e. Appliances
 - f. Heating Appliances
 - g. Hot-Water Heaters
 - h. Office Equipment
 - i. Receptacle Outlets
 - j. Portable Equipment (Tools, Extension Lamps, and Extension Cords)
 - k. Lighting Fixtures
 - l. Equipment Grounding
 - m. Yard Transformer Stations
 - n. Services/Weatherheads (Outside meter covers, surge capacitors, grounding conductors, grounds/switches)
 - o. Switch Rooms and Motor Control Centers
 - p. Grouped Electrical Control Equipment (such as might be mounted on walls)
 - q. Enclosures of Electrical Parts (Motor Control Equipment, Junction Boxes, Switches, etc.)
 - r. Hazardous (Classified) Location Equipment
 - s. Emergency Equipment

II. FIRE SAFETY REGULATIONS/EMERGENCY PLANNING

Recommendation 4: Fire Safety Regulations/Inspections:

DMH should further examine its fire safety rules to address any inconsistencies between the residential requirements for licensure and those for certified programs. As the Comparison of Fire Safety Requirements for DMH Residential Facilities (attached as [Appendix A](#)) demonstrated, there is a level of consistency in some areas, yet there are gaps and/or conflicts in others. Although the needs of the individuals and populations served may vary, as well as the nature and physical plant configurations vary by programs, the baseline set of provisions for fire safety should reflect a single standard. This approach was one supported by the State Fire Marshal's office as we consulted with them for this report. Upon further review, the same scrutiny should be applied to day program facilities.

Addressing this can be accomplished through the rule-making process.

DHSS' Section for Long-Term Care (SLTC) is currently working with the State Fire Marshal's Office to arrange for and provide fire inspector training for SLTC staff. This training course is designed to provide a comprehensive program of instruction for fire inspection. This training would be in addition to the mandatory training required by CMS. This additional training will help ensure that DHSS surveyors have the necessary knowledge to detect any fire safety-related shortcomings in long term-care facilities, thereby improving the level of safety in these facilities. DHSS is also exploring the possibility of contracting with the Division of Fire Safety to conduct fire safety inspections in accordance with DHSS requirements.

Recommendation 5: Fire Drills

Current Requirements

All RCFs and ALFs must conduct a minimum of 12 fire drills annually with at least one every three months on each shift. The fire drills shall include a resident evacuation at least once a year.

Concerns with Current Requirements

Unannounced drills are necessary to accurately evaluate the facility's evacuation plan, to evaluate staff's ability to follow the plan, and to evaluate resident abilities. The local fire department should be involved to assist the facility with any problems they feel need to be addressed and to provide recommendations for improvements.

Recommended Changes to Current Requirements

A minimum of two fire drills shall include a resident evacuation and shall be unannounced to staff and residents. Staff must demonstrate their ability to evacuate bed-bound residents. Bed-bound residents shall not be required to be evacuated during the fire drills. The facility shall contact the local fire department and request they be onsite during the resident evacuations to note any problems with evacuation. If the local fire department cannot be onsite, the facility shall inform DHSS so alternative arrangements can be made.

These recommendations could be accomplished through the rule-making process.

Recommendation 6: Notification Requirements/Fire Watches

Current Requirements

1. All facilities must immediately notify DHSS of any fire involving death or harm to a resident requiring medical attention by a physician or substantial damage to the facility. For all other fires, the facility shall notify the department in writing within seven (7) days, regardless of the size of the fire or the loss involved.
2. RCFs and ALFs must notify the department when the fire alarm or sprinkler system is out of service for more than four hours in a 24-hour period and the facility shall immediately implement an approved fire watch until the fire alarm or sprinkler system has been returned to full service. An approved fire watch shall include dedicated staff to monitor all areas of the facility, with provisions to notify the occupants and fire department upon discovery of a fire (NFPA 101, 9.6.1.8 and 9.7.6; NFPA 601).
3. There is currently no requirement for a fire watch following a fire in the facility.

4. All facilities must request annual consultation and assistance from a local fire unit.

Concerns with Current Requirements

The departments feel it is important to have current information on each facility related to fires and inoperable fire or sprinkler systems. If this information is available, timely assistance to residents and facilities can more easily and effectively be provided. Such assistance can obviously help ensure the safety of residents in facilities. In addition, the departments feel it is important to provide direction on the information discussed during the annual consultation with the local fire unit.

Recommended Changes to Current Requirements

1. All facilities must immediately notify DHSS of any fire, regardless of the size of the fire or the loss involved. DHSS will in turn report to DMH the occurrence of a fire at a dual licensed facility.
2. All facilities must notify DHSS when the fire alarm or sprinkler system is out of service for more than four hours in a 24-hour period or the fire alarm or sprinkler system is unexpectedly out of service. The facility shall immediately implement a fire watch approved by the Division until the fire alarm or sprinkler system has been returned to full service.
3. All facilities shall conduct a fire watch for at least 24 consecutive hours following a fire at the facility and maintenance work that involves the heating/cooling and electrical systems. This would require rounds at frequent intervals to be alert for any signs of a threat of fire. Based on the requirements of other states and consultation with the Fire Marshal, this is an accepted practice. It raises the level of oversight and could reduce the potential of unexpected flare-ups developing into larger and more dangerous fires.
4. All facilities at all levels of care and licensure must document annual consultation with the local fire service on the Annual Fire Department Consultation Form provided by DHSS. All areas on the forms must be discussed/evaluated during the annual consultation. The form must be signed by both the facility representative and the local fire service representative. The form shall be maintained at the facility for inspection by DHSS staff.

These recommendations could be accomplished through the rule-making process.

Recommendation 7: Fire Training

Current Requirements

For all facilities, staff must be trained on how to proceed in the event of a fire. There is no requirement on the qualifications of the person providing this training.

Concerns with Current Requirements

The current requirements do not ensure consistent and/or appropriate training for facility staff.

Recommended Changes to Current Requirements

Facilities must contract with the local fire department or the state Fire Marshal to conduct annual training for facility staff on how to proceed in the event of a fire. In addition, all new staff must be trained within two weeks of the date of hire using the content of the training provided by the local fire department.

These recommendations could be accomplished through the rule-making process.

Recommendation 8: Evacuation/Emergency Plans

Current Requirements

All facilities at all levels of care and licensure shall develop a written plan for fire drills and evacuation and shall request consultation and assistance from a local fire unit. The plan shall include written instructions for evacuation of each floor.

Concerns with Current Requirements

Facility fire and evacuation plans may only address emergency evacuation as it relates to fire or other natural disasters. However, the current Code of State Regulations is written in more general terms and does not spell out what specific components should be included in those policies and procedures. Many facilities have not developed working relationships with local emergency planning officials or local public health authorities. Improving planning will better assure the safety of residents in licensed facilities. Realistic practice and testing can generate feedback to improve planning and performance in evacuation, improving the likelihood that evacuations can be accomplished safely.

Recommended Changes to Current Requirements

1. All facilities shall develop and routinely practice emergency evacuation/disaster preparedness plans. These plans should be detailed and practice should include differing scenarios for effective evacuation under many circumstances, such as the disasters outlined in the plan template attached as [Appendix F](#). The plans, as well as documentation of improvements made due to practice events, would be reviewed at the time of licensure inspection by both departments. Facility staff should be trained regarding the procedures contained in the emergency evacuation plan and know the location of the plan in the facility.
2. DMH and DHSS should add to their respective regulations requirements that specific components be included and competently addressed in the facility's emergency policies and procedures.
3. All facilities shall work with local or regional emergency planning authorities, including the State Fire Marshal or local fire authority, on local disaster preparedness activities. A signed document indicating this partnership shall be integrated in the facility's disaster preparedness plan.
4. All facilities shall have written mutual aid agreements or memoranda of understanding for evacuation and housing of residents in case of emergencies. These documents should be reviewed and updated on a yearly basis.
5. Individual emergency plans should be developed for residents at particular risk in the event of an emergency. A risk assessment with specific components identified by DMH or DHSS, as applicable, should be conducted yearly and when a change in function occurs, perhaps linked to treatment and habilitation planning requirements. The results of the assessment would provide a foundation for developing the individual's emergency plan. The plan would also afford staff an opportunity to determine and put in place

necessary individual supports or technology required to assist individual residents to safety in emergencies.

These recommendations could be accomplished through the rule-making process.

III. GENERAL SAFETY REQUIREMENTS

Recommendation 9: Resident Smoking

Current Requirements

RCF/ALF - Residents are allowed to smoke in sleeping quarters under direct supervision. A resident may smoke unsupervised in a designated smoking area as long as they have informed facility staff that the area is being used for smoking.

Concerns with Current Requirements

Current requirements are not stringent enough. Residents should not be allowed to smoke in their rooms. Resident rooms contain many items that are not flame resistant, including furniture and mattresses. Allowing residents to smoke in their rooms creates an additional, unnecessary fire hazard. Even though current requirements require direct supervision, this does not always happen. In 1998, a resident was refilling his/her lighter in bed and ignited his/her bedding. The resident died as a result of the burns.

Recommended Changes to Current Requirements

RCF/ALF - Residents shall be allowed to smoke in designated smoking areas only and prohibited from smoking in resident sleeping quarters. Residents should only be allowed to smoke without direct supervision if the resident has been assessed as no safety risk to himself/herself or others.

This recommendation could be accomplished through the rule-making process.

Recommendation 10: Staffing

Current Requirements

For RCFs formerly licensed as RCF Is with twelve or fewer residents, staff may be asleep during the night hours. For such facilities, the staff person may be asleep if there is a sprinkler system or a complete automatic fire detection system.

Concerns with Current Requirements

Sleeping attendants cannot provide 24-hour protective oversight and would have difficulty responding to emergencies.

Recommended Changes to Current Requirements

Require all staff in all RCFs to be awake, dressed and prepared to assist residents in case of emergency.

This recommendation could be accomplished through the rule-making process.

Recommendation 11: Civil Monetary Penalties

DHSS recommends allowing the department to administratively impose civil monetary penalties for violation of fire safety regulations instead of pursuing a fine through circuit court. This would increase the Department's ability to impose fines in a timely manner and would allow fines to be an effective tool to help ensure correction. In addition, DHSS recommends revising section 198.067, RSMo to allow the department to impose fines for repeat Class II and Class III deficiencies regardless of subsequent corrections.

**Fire Safety Comparison
December 2006**

COMPARISON OF FIRE SAFETY REQUIREMENTS FOR DMH RESIDENTIAL FACILITIES/PROGRAMS							
Licensure		MRDD MEDICAID WAIVER CERTIFICATION				CERTIFICATION	
Residential Dual with DHSS	Other Residential	Residential Hab 4 to 9 residents	Residential Hab 10 to 16 residents	Residential Hab 17 plus residents	ISL 1 to 3 residents	ADA/CPS Core	ADA° Residential Treatment
9 CSR 40-3	9 CSR 40-4.155	9 CSR 45-5.130	9 CSR 45-5.40	9 CSR 45-5.150	9 CSR 45-5.010	9 CSR 10-7.120	9 CSR 30-3.140
	DMH delegates inspection authority to the State Fire Marshal for annual inspections	DMH delegates inspection authority to the State Fire Marshal for annual inspections	DMH delegates inspection authority to the State Fire Marshal for annual inspections	DMH delegates inspection authority to the State Fire Marshal for annual inspections	Homes/environments have passed externally conducted safety and mechanical inspections	Buildings used for residential must meet applicable state & local fire safety and health inspections; may use local fire authorities; annual inspection	Must meet ADA/CPS Core Rules for fire safety
	<4 residents requires a battery-operated smoke and heat detector which sounds an audible alarm; # and location determined by Fire Marshal inspector; tested monthly; batteries changed as needed; record kept of testing and battery changes					Must have adequate fire detection and notification system to detect smoke, fumes and/or heat; must sound an alarm throughout the facility above the noise of normal activities, radios and televisions	
	4 or more residents, require full coverage fire alarm system with battery back-up, master control panel, smoke detectors, heat sensors, and pull station	Smoke detectors in all sleeping rooms, corridors, living spaces, storage rooms, offices in good working order can be battery operated or interconnected with battery back-up (Fire Marshal may require more); all smoke detector systems 10 years or older must be replaced or recalibrated	Full coverage electrical fire alarm system required; strobe alarm on each floor; smoke detectors in each room; (Fire Marshal may require more); battery backup control panel; pull stations at each door; heat detectors installed in high risk areas, including attic; NFPA code; all smoke detector systems 10 years or older must be replaced or recalibrated	Must have an approved automatic sprinkler system which activates the fire alarm; tamper-proof switches installed; tested and approved annually by fire sprinkler company; Fire Marshal must approve; full coverage electrical fire alarm system; full coverage electrical fire system required; strobe alarm on each floor; pull stations at each door; smoke detectors in each room; (Fire Marshal may require more); heat detector installed in high risk areas, including attic; battery backup control panel; NFPA code; all smoke detector systems 10 years or older must be replaced or recalibrated	Operating smoke detectors in or near each bedroom; smoke detector on each level of the home; batteries changed regularly	>4 residents, must have smoke detectors wired to electrical system with battery back-up; smoke detectors in each bedroom and on all floors; at least 1 manual fire alarm station per floor	
		Alarms must be adapted for hearing-impaired residents; state fire marshal may require additional	Alarms must be adapted for hearing-impaired residents; state fire marshal may require additional	Alarms must be adapted for hearing-impaired residents; state fire marshal may require additional	Adaptations and modifications to alarm systems to ensure safety		
	Conform with NFPA installation codes	Comply with all building codes, fire codes and local ordinances	Comply with all building codes, fire codes and local ordinances	Comply with all building codes, fire codes and local ordinances			

**Fire Safety Comparison
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Residential Dual with DHSS	Other Residential	Residential Hab 4 to 9 residents	Residential Hab 10 to 16 residents	Residential Hab 17 plus residents	ISL 1 to 3 residents	ADA/CPS Core	ADA° Residential Treatment
	Must have approval plus electrical alarm system, with full coverage fire sprinkler system, prior to placing above the 2nd floor or above/below the 1st floor if resident requires mechanical or human assistance to evacuate						
	Must have approved portable fire extinguishers in each floor within 100 ft from any one point; additional ABC type extinguishers must be placed in high risk areas; all staff must be trained in operation of fire safety systems and extinguishers	Location, type, size and number of fire extinguishers prescribed; Fire Marshal approval and can require more if indicated	Location, type, size and number of fire extinguishers prescribed; Fire Marshal approval and can require more if indicated	Location, type, size and number of fire extinguishers prescribed; Fire Marshal approval and can require more if indicated	Homes have at least one fire extinguisher in or near the kitchen, charged and current tag; easily located and accessible	Portable ABC fire extinguishers must be on each floor and for the kitchen, laundry and furnace areas; maintained with charge and visible.	
	all systems inspected annually and competent authority certifies in writing that they are operable	all systems inspected annually and competent authority certifies in writing that they are operable	all systems inspected annually and competent authority certifies in writing that they are operable and by state Fire Marshal	all systems inspected annually and competent authority certifies in writing that they are operable and by state Fire Marshal		Requires annual inspection in accordance with Life Safety Code of the NFPA	
	range hood and extinguishing system with automatic fuel supply cutoff and exhaust system required for 20 or more residents or use of commercial kitchen equipment	If use commercial kitchen equipment or 2 home-type stoves side-by-side, range hood extinguishing system with automatic fuel supply cutoff and exhaust system required; range hood extinguishing system connected to control panel of fire alarm system	If use commercial kitchen equipment or 2 home-type stoves side-by-side, range hood extinguishing system with automatic fuel supply cutoff and exhaust system required; range hood extinguishing system connected to control panel of fire alarm system	If use commercial kitchen equipment or 2 home-type stoves side-by-side, range hood extinguishing system with automatic fuel supply cutoff and exhaust system required; range hood extinguishing system connected to control panel of fire alarm system		range hood and extinguishing system with automatic fuel supply cutoff and exhaust system for commercial equipment	
	Safe storage of combustible supplies and equipment in accordance with state/local fire authorities	Safe storage of combustible supplies and equipment in accordance with state/local fire authorities	Safe storage of combustible supplies and equipment in accordance with state/local fire authorities	Safe storage of combustible supplies and equipment in accordance with state/local fire authorities	Safe storage of combustible supplies and equipment	Safe storage of combustible supplies and equipment	
	Boiler/heating room separated from living quarters by construction as required by state/local authorities; Heating unit and boilers inspected annually	Furnace rooms, water heater and boiler rooms, storage, laundry and all rooms deemed hazardous must be separated from living areas by specific construction (Exception: if approved sprinkler system)	Furnace rooms, water heater and boiler rooms, storage, laundry and all rooms deemed hazardous must be separated from living areas by specific construction (Exception: if approved sprinkler system)	Furnace rooms, water heater and boiler rooms, storage, laundry and all rooms deemed hazardous must be separated from living areas by specific construction		No floor below the level of exit discharge, used only for storage, heating equipment or purposes other than residential occupancy shall have unprotected openings to floors used for residential purposes	
	Use of portable heaters prohibited	Use of unvented fuel fired room heaters, portable electric space heaters and floor furnaces prohibited	Use of unvented fuel fired room heaters, portable electric space heaters and floor furnaces prohibited	Use of unvented fuel fired room heaters, portable electric space heaters and floor furnaces prohibited			

**Fire Safety Comparison
December 2006**

Residential Dual with DHSS	Other Residential	Residential Hab 4 to 9 residents	Residential Hab 10 to 16 residents	Residential Hab 17 plus residents	ISL 1 to 3 residents	ADA/CPS Core	ADA° Residential Treatment
	Heating systems restricted to steam, hot water or warm air appropriately installed and ventilated to the outside; exceptions only through approval by DMH and Fire Marshal (does not apply to 3 or fewer residents)	Heating systems, furnaces, dryers appropriately installed and ventilated to the outside	Heating systems, furnaces, dryers appropriately installed and ventilated to the outside	Heating systems, furnaces, dryers appropriately installed and ventilated to the outside; different requirements based on occupancy			
	Electric wiring installed in compliance with National Electric Code	Electric wiring installed in compliance with National Electric Code	Electric wiring installed in compliance with National Electric Code	Electric wiring installed in compliance with National Electric Code		At time of initial inspection and when renovations are made, must show electrical systems meet all requirements	
	Wood, gas & electric fireplaces installed compliant with NFPA codes and prior approval of DMH (does not apply to 3 or fewer residents)	Fireplaces need to be approved for use by state Fire Marshal; wood burning stoves/furnaces located inside prohibited	No wood burning stoves, fireplaces, or furnaces	No wood burning stoves, fireplaces, or furnaces		No wood burning stoves, fireplaces, or furnaces, unless approved in advance and installed in compliance with NFPA	
	Requirements for location and number of exits, stairways, door fire resistant ratings; stairways must be enclosed	Requirements for location and number of exits, stairways, door fire resistant ratings; spiral staircases or winders not permitted	Requirements for location and number of exits, stairways, door fire resistant ratings, fire compartments for hallways, door holders; spiral staircases or winders not permitted	Requirements for location and number of exits, stairways, door fire resistant ratings, fire compartments for hallways, door holders; spiral staircases or winders not permitted	Have at least one means to exit on each floor; accessible and safe to the person	Requirements for location and number of exits, stairways, door fire resistant ratings	
	20 or more residents, neither required exits can go through a kitchen	If use commercial stove without extinguishing equipment, shall not exit through the kitchen	If use commercial stove without extinguishing equipment, shall not exit through the kitchen			20 or more residents, neither required exits can go through a kitchen	
	Requirements for outside stairways for safe evacuation; if 3 or more stories, must be constructed of iron or steel	Fire escapes of sturdy construction with non-combustible material;	Fire escapes of sturdy construction with non-combustible material;	Fire escapes of sturdy construction with non-combustible material;		Fire escape ladders cannot constitute one of the means of egress; fire escapes must be substantially constructed in accordance with NFPA Life Safety Code; 3 or more stories, the fire escape must be of non-combustible material and sturdy	
	Means of egress free of obstructions	Means of egress free of obstructions; adaptive equipment can't be stored in corridors; hangings or draperies cannot be placed over exit doors or located to conceal an exit	Means of egress free of obstructions; adaptive equipment can't be stored in corridors; hangings or draperies cannot be placed over exit doors or located to conceal an exit	Means of egress free of obstructions; adaptive equipment can't be stored in corridors; hangings or draperies cannot be placed over exit doors or located to conceal an exit	Exits, corridors and passageways cannot be blocked; exit doors easily opened	Means of egress to be kept free of obstruction	
	Sleeping rooms must have a door that exits onto a corridor leading to an exit or to the outside	No primary means of escape may go through high risk areas; an overhead garage door is not considered an exit	No primary means of escape may go through high risk areas; an overhead garage door is not considered an exit	No primary means of escape may go through high risk areas; an overhead garage door is not considered an exit			

**Fire Safety Comparison
December 2006**

Residential Dual with DHSS	Other Residential	Residential Hab 4 to 9 residents	Residential Hab 10 to 16 residents	Residential Hab 17 plus residents	ISL 1 to 3 residents	ADA/CPS Core	ADA° Residential Treatment
	Any room no more than 100 ft to travel to nearest exit; if a sprinkling system used, no more than 150 ft.	Any room no more than 100 ft to travel to nearest exit; within a room any distance to an exit no more than 150 ft; travel between any point in sleeping room and exit access door in that room no more than 50ft, if a sprinkler system and approval of fire marshal can be extended another 50 ft.; dead-end corridor hallways shall not exceed 20 ft	Any room no more than 100 ft to travel to nearest exit; within a room any distance to an exit no more than 150 ft; travel between any point in sleeping room and exit access door in that room no more than 50ft, if a sprinkler system and approval of fire marshal can be extended another 50 ft.; dead-end corridor hallways shall not exceed 20 ft	Any room no more than 100 ft to travel to nearest exit; within a room any distance to an exit no more than 150 ft; travel between any point in sleeping room and exit access door in that room no more than 50ft, if a sprinkler system and approval of fire marshal can be extended another 50 ft.; dead-end corridor hallways shall not exceed 20 ft			
	Corridor length not to exceed 150 ft.	Corridor length not to exceed 150 ft.	Corridor length not to exceed 150 ft.	Corridor length not to exceed 150 ft.			
	Horizontal exit passageways more than 34 inches wide	Hallways must be clear width of at least 36 inches and free of obstructions	Hallways must be clear width of at least 36 inches and free of obstructions	Hallways must be clear width of at least 36 inches and free of obstructions			
	Means of egress large enough to accommodate wheelchairs if any resident uses one	Doorways must be 30 inches wide (new=36 inches wide); if >6 residents and/or if one non-ambulatory residents, doors must swing in direction of egress	Doorways must be 30 inches wide (new=36 inches wide); all exit doors must swing in direction of egress	Doorways must be 36 inches wide; all exit doors must swing in direction of egress			
	Locks can't require use of key from the inside; latch/fastening devices require a release device	Locks can't require use of key from the inside; latch/fastening devices require a release device	Locks can't require use of key from the inside; latch/fastening devices require a release device	Locks can't require use of key from the inside; latch/fastening devices require a release device			
	If 4 or more residents, emergency lighting required for exit stairs and corridors supplied by automatic emergency generator or battery lighting system	Emergency exit lighting must have battery back-up	Exit lighting required over each exit door and as needed, must have battery back-up	Exit lighting required over each exit door and as needed, must have battery back-up		Emergency lighting of means of egress; exit signs visible	
	Exit signs legible, at each exit, internally lighted or externally illuminated with emergency back-up power	Mirrors cannot be placed on or adjacent to any exit	Mirrors cannot be placed on or adjacent to any exit	Mirrors cannot be placed on or adjacent to any exit	Exit signs legible, at each exit, internally lighted or externally illuminated with emergency back-up power	Requires readily visible, approved exit signs	
	With 20 or more residents, interior kitchen must be separated from rest of facility with fire rated doors closed when not in use						
	With 4 or more residents, smoke stop partitions required between each floor						

**Fire Safety Comparison
December 2006**

Residential Dual with DHSS	Other Residential	Residential Hab 4 to 9 residents	Residential Hab 10 to 16 residents	Residential Hab 17 plus residents	ISL 1 to 3 residents	ADA/CPS Core	ADA° Residential Treatment
	Vertical openings or shafts must be lined with fire-resistant material and openings are protected with self-closing, fire-resistive doors	Vertical openings or shafts must be lined with fire-resistant material and openings are protected with self-closing, fire and smoke-resistive doors (exception: if certified prior to 2/28/05 and capacity and building remains the same, different parameters)	Vertical openings or shafts must be lined with fire-resistant material and openings are protected with self-closing, fire and smoke-resistive doors	Vertical openings or shafts must be lined with fire-resistant material and openings are protected with self-closing, fire and smoke-resistive doors		Vertical openings or shafts must be lined with fire-resistant material and openings are protected with self-closing, fire-resistive doors	
	Requirements defining size and construction of stairways and landings	Requirements defining size and construction of stairways and landings	Requirements defining size and construction of stairways and landings	Requirements defining size and construction of stairways and landings			
	Fire drills monthly at specified hours; complying with visibly posted written plan of evacuation; one drill annually supervised by local or state fire authority; must keep written record of results of drills and corrective action performed if needed	At least 1 fire drill per quarter with 1 annually while residents are sleeping; conducted within 1 week after arrival of a new resident; written record of drills with specified components; unscheduled drills may be held at state Fire Marshal's discretion; additional requirements for process and documentation	At least 1 fire drill per month with minimum of 2 annually while residents are sleeping; written record of drills with specified components; unscheduled drills may be held at state Fire Marshal's discretion; additional requirements for process and documentation	At least 1 fire or disaster drill per month with 2 (1 fire/1 disaster) annually while residents are sleeping; written record of drills with specified components; unscheduled drills may be held at state Fire Marshal's discretion; additional requirements for process and documentation	3 fire drills and 1 disaster drill per year take place on all shifts; exception if person can self-evacuate and doesn't have 24-hour staffing support		
	No smoking in bedrooms; only in permitted areas and with supervision					Facility must be smoke-free, unless otherwise specified in program-specific rules	Adolescents prohibited from smoking on the premises
	All plans/drawings for sprinkler and fire alarm systems must be reviewed by Fire Marshal's office prior to installation	Wiring for fire alarm system in new construction or remodeling must be approved by state Fire Marshal's office before enclosing	Wiring for fire alarm system in new construction or remodeling must be approved by state Fire Marshal's office before enclosing	Wiring for fire alarm system in new construction or remodeling must be approved by state Fire Marshal's office before enclosing			
	No cooking appliances in bedrooms						
	DMH reserves right to require any reasonable additional fire protection measures deemed necessary for the safety of the residents.	Division of Fire Safety may make additional requirements for provision of adequate life safety protection.	Division of Fire Safety may make additional requirements for provision of adequate life safety protection.	Division of Fire Safety may make additional requirements for provision of adequate life safety protection.			
	National Life Safety Codes prevail in interpretation of these standards.	National Life Safety Codes prevail in interpretation of these standards.	National Life Safety Codes prevail in interpretation of these standards.	National Life Safety Codes prevail in interpretation of these standards.		National Life Safety Codes prevail in interpretation of these standards.	

**Fire Safety Comparison
December 2006**

Residential Dual with DHSS	Other Residential	Residential Hab 4 to 9 residents	Residential Hab 10 to 16 residents	Residential Hab 17 plus residents	ISL 1 to 3 residents	ADA/CPS Core	ADA° Residential Treatment
	Family Living Arrangements (3 or fewer residents) are not required to have 2 exits from each floor if the residents on the second floor can see and hear, recognize a fire alarm as danger, ambulatory and can evacuate without assistance, and parent is available if assistance is needed.					If less than 4 consumers who can evacuate without assistance, 2 means of exit from the second floor may be waived	
	Family Living Arrangements (3 or fewer residents) must have fire drills within a week of admission and quarterly thereafter						
	Clothes dryers vented and maintained properly (4.145)	Clothes dryers vented and maintained properly	Clothes dryers vented and maintained properly	Clothes dryers vented and maintained properly			
	Plans for building or remodeling, structural alterations, must be submitted to DMH and State Fire Marshal's office for approval	Plans for building or remodeling, structural alterations, must be submitted to DMH and State Fire Marshal's office for approval; must comply with Americans with Disabilities Act	Plans for building or remodeling, structural alterations, must be submitted to DMH and State Fire Marshal's office for approval; must comply with Americans with Disabilities Act	Plans for building or remodeling, structural alterations, must be submitted to DMH and State Fire Marshal's office for approval; must comply with Americans with Disabilities Act			
	Requirements for handrails, ramps and grab bars designed in compliance with ANSI	Requirements for handrails, guardrails and ramps construction and positioning in compliance with AwDA	Requirements for handrails, guardrails and ramps construction and positioning in compliance with AwDA	Requirements for handrails, guardrails and ramps construction and positioning in compliance with AwDA			
		House numbers to be clearly visible from the street	House numbers to be clearly visible from the street	House numbers to be clearly visible from the street			
		Good housekeeping practices insuring fire safety maintained daily	Good housekeeping practices insuring fire safety maintained daily	Good housekeeping practices insuring fire safety maintained daily	Regular maintenance done to keep appliances, fire safety supplies, stairs, etc. in good working order		
		No untreated fresh Christmas trees used	No untreated fresh Christmas trees used	No untreated fresh Christmas trees used			
		Unsupervised candle and other devices with open flames cannot be used indoors	Unsupervised candle and other devices with open flames cannot be used indoors	Unsupervised candle and other devices with open flames cannot be used indoors			
		Have notification and agreement with local fire authority including any special arrangement for evacuation	Have notification and agreement with local fire authority including any special arrangement for evacuation	Have notification and agreement with local fire authority including any special arrangement for evacuation			
		Must be in good standing with local fire authority requirements and receipt of membership on file	Must be in good standing with local fire authority requirements and receipt of membership on file	Must be in good standing with local fire authority requirements and receipt of membership on file			

**Fire Safety Comparison
December 2006**

Residential Dual with DHSS	Other Residential	Residential Hab 4 to 9 residents	Residential Hab 10 to 16 residents	Residential Hab 17 plus residents	ISL 1 to 3 residents	ADA/CPS Core	ADA° Residential Treatment
		All fires reported to state Fire Marshal and DMH as soon as practical	All fires reported to state Fire Marshal and DMH as soon as practical	All fires reported to state Fire Marshal and DMH as soon as practical			
		Carbon monoxide detectors required in certain situations & inspected by state Fire Marshal	Carbon monoxide detectors required in certain situations & inspected by state Fire Marshal	Carbon monoxide detectors required in certain situations & inspected by state Fire Marshal			
		Unoccupied attic space subdivided by draft stops requirements (Exception: if has approved sprinkler system)	Unoccupied attic space subdivided by draft stops requirements (Exception: if has approved sprinkler system)				
		Specific requirements for interior wall and wall studs, ceiling and ceiling joists finishes	Specific requirements for interior wall and wall studs, ceiling and ceiling joists finishes	Specific requirements for interior wall and wall studs, ceiling and ceiling joists finishes			
		Wall hangings and draperies must be fire retardant material	Wall hangings and draperies must be fire retardant material	Wall hangings and draperies must be fire retardant material			
	Use of extension cords prohibited (5.015)	Use of extension cords prohibited	Use of extension cords prohibited	Use of extension cords prohibited			
STAFFING							
	Must have designated chief administrator (head of facility)	Staffing patterns determined by the regional center, contract and budget are implemented	Staffing patterns determined by the regional center, contract and budget are implemented	Staffing patterns determined by the regional center, contract and budget are implemented	Staffing patterns determined by the regional center, contract and budget are implemented	Must be adequate number of staff awake and dressed at all times	Must be adequate number of staff awake and dressed at all times
	Ratios Staff : Resident						
	For residents with complex physical and cognitive needs - 1st shift 1:4 2nd shift 1:4 3rd shift 1:8						Must be 2 staff on duty at all times
	For residents with moderate cognitive needs 1st shift 1:16 2nd shift 1:8 3rd shift 1:16						Ratios for adolescent programs: 6 or less = 1 7-12 = 2 13-16 = 3 (2 during sleeping hours)
	More independent residents 1st shift 1:32 2nd shift 1:16 3rd shift 1:1:32						
	Ratios are minimum requirements and occupancy, resident needs, geography of facility, availability of back-up and other factors may require additional staff						Additional staff may be required based on size of program and duties and responsibilities of staff
	Staff dressed and awake at night						

**Fire Safety Comparison
December 2006**

Residential Dual with DHSS	Other Residential	Residential Hab 4 to 9 residents	Residential Hab 10 to 16 residents	Residential Hab 17 plus residents	ISL 1 to 3 residents	ADA/CPS Core	ADA° Residential Treatment
	If residents need considerable nursing care, must have an RN						Modified medical detox must have licensed nurse at all times

**Fire Safety Comparison
December 2006**

Residential Dual with DHSS	Other Residential	Residential Hab 4 to 9 residents	Residential Hab 10 to 16 residents	Residential Hab 17 plus residents	ISL 1 to 3 residents	ADA/CPS Core	ADA° Residential Treatment
POLICY/PROCEDURE/TRAINING/PLAN							
Must have emergency policies and procedures, including instructions for staff and residents - includes fire	Must have emergency policies and procedures, including instructions for staff and residents - includes fire	Written procedures for meeting fire emergencies and disasters in each home	Written procedures for meeting fire emergencies and disasters in each home	Written procedures for meeting fire emergencies and disasters in each home	Written procedures for meeting fire emergencies and disasters in each home	Must have written emergency preparedness plan.	Defer to core rules
		Individuals and support staff are trained and can demonstrate emergency procedures and practices	Individuals and support staff are trained and can demonstrate emergency procedures and practices	Individuals and support staff are trained and can demonstrate emergency procedures and practices	Individuals and support staff are trained and can demonstrate emergency procedures and practices	Staff must demonstrate knowledge and ability to effect the plan.	
	Must have a telephone and emergency numbers posted at the phone	Emergency information & phone numbers are accessible to the person and support staff at all times.	Emergency information & phone numbers are accessible to the person and support staff at all times.	Emergency information & phone numbers are accessible to the person and support staff at all times.	Emergency information & phone numbers are accessible to the person and support staff at all times.	Emergency numbers must be posted.	
		Emergency plans for individuals developed after assessment and reflect the unique needs of the person specific to the environment	Emergency plans for individuals developed after assessment and reflect the unique needs of the person specific to the environment	Emergency plans for individuals developed after assessment and reflect the unique needs of the person specific to the environment	Emergency plans for individuals developed after assessment and reflect the unique needs of the person specific to the environment		
Must have policy on use of tobacco	Must have policy on use of tobacco						
	Head of facility has control of entire building or fire section in which the residential facility						
Cannot admit more residents than licensed capacity	Cannot admit more residents than licensed capacity						
Cannot admit resident with special needs which exceed the facility's ability to meet	Cannot admit resident with special needs which exceed the facility's ability to meet						
In RCF I, residents must be able to evacuate without human or mechanical assistance.							
In RCF II, resident can evacuate facility unassisted or with assistive devices.							

° The Division of Alcohol and Drug Abuse does not license or certify Oxford Houses which are self-governing substance-free communities of individuals in recovery from substance abuse who share housing in typical neighborhoods and communities. Neither protective oversight or any form of treatment is provided in Oxford Houses. SATOP weekend intervention programs (WIP) are also not reflected in this matrix because they are conducted in approved chain hotel sites with a staffing overlay of two awake staff during the night time hours after programming has been concluded. WIP programs are non-custodial intensive weekend treatment sessions for individuals required by the courts due to serious traffic offenses. Individuals who attend do not require protective oversight.

State	Skilled Nursing Facilities Sprinkler Requirements	Residential/Assisted Living Facilities Sprinkler Requirements	Staffing Requirements RCF/ALF
Alabama	All required regardless whether new or existing	All required regardless if licensed for more than 3 residents	Need based staffing
Alaska	New facilities only	New facilities only	Need based staffing
Arizona			Need based staffing
Arkansas	Most but not all required	Not all are required unless new	1-15 7A-8P, 1-25 8P-7A At least one CNA on the premises per shift
California	All required regardless whether new or existing	All required regardless if licensed for more than 6 residents	Need based staffing
Colorado	Must meet the 2000 LSC, not required in existing	Not all are required unless new	Need based staffing
Connecticut	All required; 2003-2006 phase in period**		Need based staffing
Delaware			1-9 day, 1-10 evening, 1-22 night
Florida	All required regardless whether new or existing		Staff hours per week ratio
Georgia			1-15 waking hours, 1-25 nonawake
Hawaii			Need based staffing
Idaho	Existing facilities must pass FSES if not sprinkled	New facilities only	Need based staffing
Illinois	All required since 1976	New facilities only	Need based staffing
Indiana			Need based staffing
Iowa	As of 1-1-07 will require all to be sprinkled	All required as of 1-1-07	Need based staffing
Kansas	New facilities only	New facilities only	Need based staffing
Kentucky		New facilities only	Need based staffing
Louisiana	All required under new legislation		Need based staffing
Maine	New facilities only	New facilities only	1-12 7A-3P, 1-18 3P-11P, 1-30 11P-7A
Maryland			Need based staffing
Massachusetts			Need based staffing
Michigan	New facilities only	New facilities only	1-12 All Shifts
Minnesota			Need based staffing
Mississippi	New facilities only		1-15 7A-7P, 1-25 7P-7A
Montana			Need based staffing
Nebraska	New facilities only	New facilities only	Need based staffing
Nevada			Need based staffing
New Hampshire	New facilities only		Need based staffing
New Jersey	Yes for all except for fire resistive structures		Need based staffing
New Mexico	New facilities only		1-15, 2 staff for 16-60 residents, 3 staff for 61-120 residents, 4 staff for every 120 residents
New York	All required regardless whether new or existing	All required regardless whether new or existing	1-40, 2 staff for 81-150 residents, 4 staff for 151-200 residents
North Carolina	New facilities only		Ratios dependent on license capacity
North Dakota	None required		Need based staffing
Ohio	New facilities only		Need based staffing
Oklahoma	All required regardless whether new or existing	New facilities only	Need based staffing
Oregon	Yes for all based on IBC codes		Need based staffing
Pennsylvania			1 hour per patient day for mobile residents, 2 hours per patient day for residents with mobility needs
	New facilities only		
Rhode Island	New facilities only	New facilities only	Need based staffing

Appendix B - Nationwide Sprinkler and Staffing Information

State	Skilled Nursing Facilities Sprinkler Requirements	Residential/Assisted Living Facilities Sprinkler Requirements	Staffing Requirements RCF/ALF
South Carolina	Yes for all facilities since 1992		1-8 Peak Resident Activity, 1-30 Night Hours
South Dakota	New facilities only		.8 hours per patient day
Tennessee	All required since 2004*	New facilities only	Need based staffing
Texas	New facilities only		Need based staffing
Utah	Yes for all facilities		Need based staffing
Vermont			Need based staffing
Virginia	Yes for all facilities since 1-1-93		Need based staffing
Washington	New facilities only	New facilities only	Need based staffing
West Virginia	All required regardless whether new or existing	All required regardless whether new or existing	Need based staffing
Wisconsin	New facilities only	New facilities only	Need based staffing
Wyoming	New facilities only		Need based staffing

*Legislative and rule changes based on two fatal nursing home fires in TN occurring in 2003. Estimated total cost of \$12.5 million. No public funding provided.

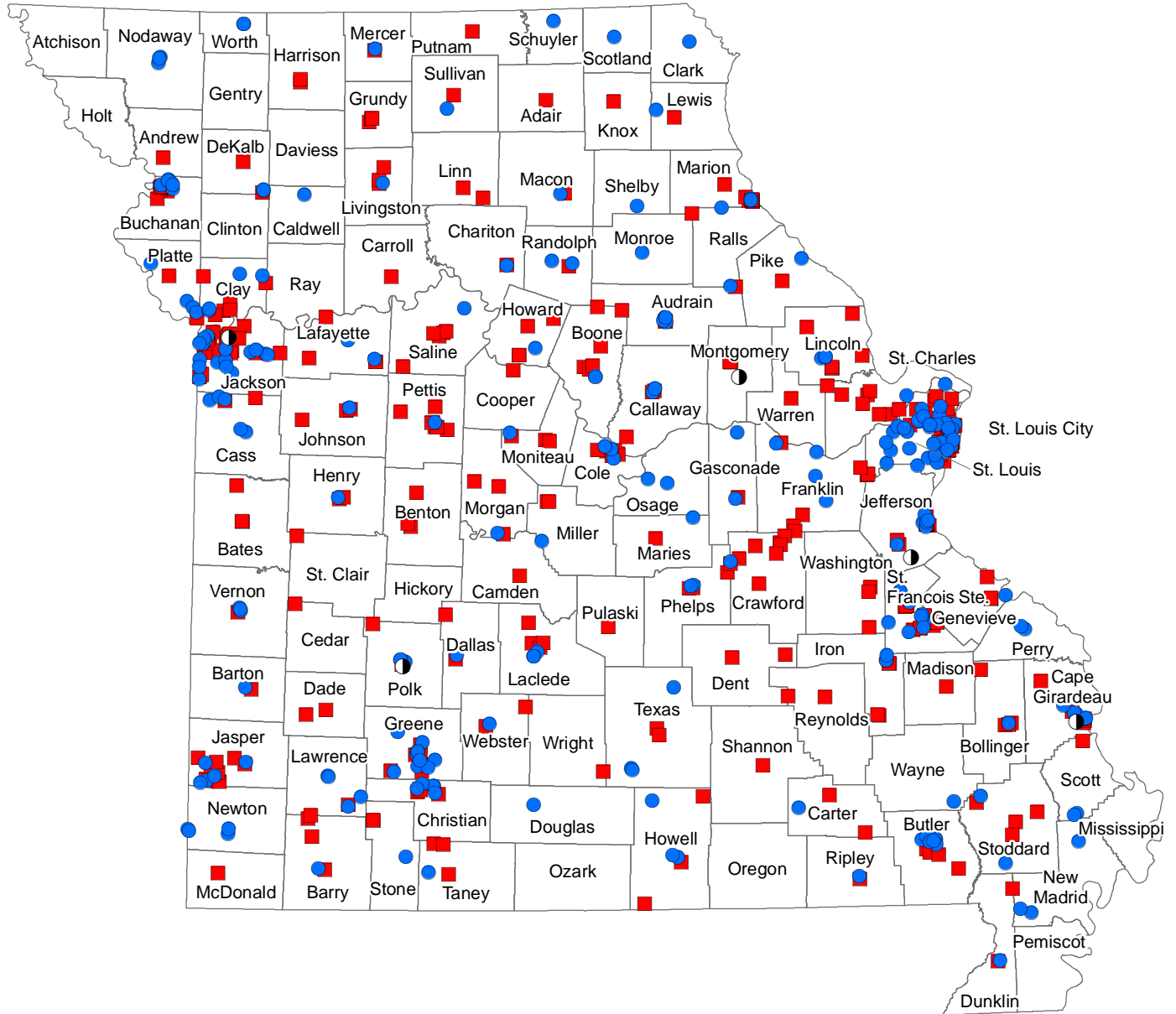
**Legislative Public Act requiring all nursing homes to have sprinkler systems by 7-31-06.

All states listed as "new facilities only" require certain existing facilities to have sprinkler systems based on construction type and number of stories, but not for all existing facilities.



Appendix C

Residential and Assisted Living Facilities Sprinkler Systems



Residential and Assisted Living Facilities Sprinkler System Status

- COMPLETE (243)
- NONE (330)
- PARTIAL (5)

Protection of Children

We have analyzed this proposed rule under Executive Order 13045, Protection of Children from Environmental Health Risks and Safety Risks. This rule is not an economically significant rule and would not create an environmental risk to health or risk to safety that might disproportionately affect children.

Indian Tribal Governments

This proposed rule does not have tribal implications under Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, because it would not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes.

Energy Effects

We have analyzed this proposed rule under Executive Order 13211, Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use. We have determined that it is not a "significant energy action" under that order because it is not a "significant regulatory action" under Executive Order 12866 and is not likely to have a significant adverse effect on the supply, distribution, or use of energy. The Administrator of the Information and Regulatory Affairs has not designated it as a significant energy action. Therefore, it does not require a Statement of Energy Effects under Executive Order 13211.

Technical Standards

The National Technology Transfer and Advancement Act (NTTAA) (15 U.S.C. 272 note) directs agencies to use voluntary consensus standards in their regulatory activities unless the agency provides Congress, through the Office of Management and Budget, with an explanation of why using these standards would be inconsistent with applicable law or otherwise impractical. Voluntary consensus standards are technical standards (e.g., specifications of materials, performance, design, or operation; test methods; sampling procedures; and related management systems practices) that are developed or adopted by voluntary consensus standards bodies.

This proposed rule does not use technical standards. Therefore, we did not consider the use of voluntary consensus standards.

Environment

We have analyzed this proposed rule under Commandant Instruction M16475.ID and Department of Homeland Security Management Directive 5100.1, which guide the Coast Guard in complying with the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321–4370f), and have concluded that there are no factors in this case that would limit the use of a categorical exclusion under section 2.B.2 of the Instruction. Therefore, we believe this proposed rule should be categorically excluded, under figure 2–1, paragraph (32)(e) of the Instruction, from further environmental documentation. Under figure 2–1, paragraph 32(e) of the Instruction, an "Environmental Analysis Checklist" and a "Categorical Exclusion Determination" are not required for this rule. However, comments on this section will be considered before the final rule.

List of Subjects in 33 CFR Part 117

Bridges.

Regulations

For the reasons discussed in the preamble, the Coast Guard proposes to amend 33 CFR part 117 as follows:

PART 117—DRAWBRIDGE OPERATION REGULATIONS

1. The authority citation for part 117 continues to read as follows:

Authority: 33 U.S.C. 499; 33 CFR 1.05–1(g); Department of Homeland Security Delegation No. 0170.1; section 117.255 also issued under the authority of Pub. L. 102–587, 106 Stat. 5039.

2. Revise § 177.899 to read as follows:

§ 117.899 Youngs Bay and Lewis and Clark River.

(a) The draw of the US101 (New Youngs Bay) highway bridge, mile 0.7 across Youngs Bay at Smith Point shall open on signal for the passage of vessels if notice is given at least one half-hour in advance to the drawtender at the Lewis and Clark River Bridge by marine radio, telephone, or other suitable means from 7 a.m. to 5 p.m. Monday through Friday and from 8 a.m. to 4 p.m. on Saturday and Sunday. At all other times, including all federal holidays except Columbus Day, notice is required by telephone at least two hours in advance. The opening signal shall be two prolonged blasts followed by one short blast.

(b) The draw of the Oregon State (Old Youngs Bay) highway bridge, mile 2.4, across Youngs Bay at the foot of Fifth Street, shall open on signal for the

passage of vessels if notice is given at least one half-hour in advance to the drawtender at the Lewis and Clark River Bridge by marine radio, telephone, or other suitable means from 7 a.m. to 5 p.m. Monday through Friday and from 8 a.m. to 4 p.m. Saturday and Sunday. At all other times, including all federal holidays except Columbus Day, notice is required by telephone at least two hours in advance. The opening signal is two prolonged blasts followed by one short blast.

(c) The draw of the Oregon State (Lewis and Clark River) highway bridge, mile 1.0, across the Lewis and Clark River, shall open on signal for the passage of vessels if notice is given at least one half-hour in advance by marine radio, telephone, or other suitable means from 7 a.m. to 5 p.m. Monday through Friday and from 8 a.m. to 4 p.m. on Saturday and Sunday. At all other times, including all federal holidays except Columbus Day, notice is required by telephone at least two hours in advance. The opening signal is one prolonged blast followed by four short blasts.

Dated: October 13, 2006.

R.R. Houck,

Rear Admiral, U.S. Coast Guard, District Commander, Thirteenth Coast Guard District.
[FR Doc. E6–17971 Filed 10–26–06; 8:45 am]

BILLING CODE 4910–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 483

[CMS–3191–P]

RIN 0938–AN79

Medicare and Medicaid Programs; Fire Safety Requirements for Long Term Care Facilities, Automatic Sprinkler Systems

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Proposed rule.

SUMMARY: This proposed rule would require all long term care facilities to be equipped with sprinkler systems. This proposed rule especially requests public comments on the duration of a phase-in period to allow long term care facilities to install such systems.

DATES: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on December 26, 2006.

ADDRESSES: In commenting, please refer to file code CMS-3191-P. Because of staff and resource limitations, we cannot accept comments by facsimile (fax) transmission.

You may submit comments in one of four ways (no duplicates, please):

1. You may submit electronic comments on specific issues in this regulation to <http://www.cms.hhs.gov/eRulemaking>. Click on the link "Submit electronic comments on CMS regulations with an open comment period." (Attachments should be in Microsoft Word, WordPerfect, or Excel; however, we prefer Microsoft Word.)

2. *By regular mail.* You may mail written comments (one original and two copies) to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-3191-P, P.O. Box 8012, Baltimore, MD 21244-8012.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments (one original and two copies) to the following address only:

Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-3191-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 1244-1850.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier) your written comments (one original and two copies) before the close of the comment period to one of the following addresses. If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786-9994 in advance to schedule your arrival with one of our staff members. Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201; or 7500 Security Boulevard, Baltimore, MD 21244-1850.

(Because access to the interior of the HHH Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

Submission of comments on paperwork requirements. You may submit comments on this document's

paperwork requirements by mailing your comments to the addresses provided at the end of the "Collection of Information Requirements" section in this document.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT:

Danielle Shearer, (410) 786-6617; James Merrill, (410) 786-6998; Jeannie Miller, (410) 786-3164; or Rachael Weinstein, (410) 786-6775.

SUPPLEMENTARY INFORMATION:

Submitting Comments: We welcome comments from the public on all issues set forth in this rule to assist us in fully considering issues and developing policies. You can assist us by referencing the file code CMS-3191-P and the specific "issue identifier" that precedes the section on which you choose to comment.

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following Web site as soon as possible after they have been received: <http://www.cms.hhs.gov/eRulemaking>. Click on the link "Electronic Comments on CMS Regulations" on that Web site to view public comments.

Comments received timely will also be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone 1-800-743-3951.

I. Background

[If you choose to comment on issues in this section, please indicate the caption "Background" at the beginning of your comment.]

The Life Safety Code (LSC), published by the National Fire Protection Association (NFPA), a private, nonprofit organization dedicated to reducing loss of life due to fire, is a compilation of fire safety requirements. The LSC contains fire safety requirements for both new and existing buildings. It is updated through a consensus process and generally published every 3 years. Sections 1819(d)(2) and 1919(d)(2) of the Social Security Act (the Act) require

that long term care facilities participating in the Medicare and Medicaid programs meet the provisions of the edition of the LSC that is adopted by the Secretary.

Beginning with the adoption of the 1967 edition of the LSC in 1971, Medicare and Medicaid regulations have historically incorporated the LSC requirements by reference for all long term care facilities as well as other providers, while providing the opportunity for a Secretarial waiver of a requirement under certain circumstances. The statutory basis for incorporating NFPA's LSC for our other providers is under the Secretary's general rulemaking authority at sections 1102 and 1871 of the Act, and under provider-specific provisions of title XVIII that permit us to issue regulations to protect the health and safety of participants in Medicare and Medicaid. We adopted the LSC to ensure that patients and residents are consistently protected from fire, regardless of the location in which they receive care. Since adopting and enforcing the 1967 and subsequent editions of the LSC, there has been a significant decline in the number of multiple death fires, indicating that the LSC has been effective in improving fire safety in health care facilities.

On October 26, 2001, we published a proposed rule (66 FR 54179), and on January 10, 2003, we published a final rule in the **Federal Register**, entitled "Fire Safety Requirements for Certain Health Care Facilities" (68 FR 1374). In that final rule, we adopted the 2000 edition of the LSC provisions as the standard governing Medicare and Medicaid health care facilities, including long term care facilities. The final rule required all existing long term care facilities to comply with the 2000 edition of the LSC.

The 2000 edition of the LSC required all newly constructed buildings containing health care facilities to have an automatic sprinkler system installed throughout the building. However, like all previous editions, the LSC did not require existing buildings to install automatic sprinkler systems throughout if they met certain construction standards, ranging from the size of the buildings to the types of material used in their construction.

In accordance with the 2000 edition of the LSC, an existing building that meets the above-mentioned construction standards must install sprinklers if it undergoes a major renovation. However, in such cases, it is only required to install sprinklers in the renovated section(s). Therefore, a building may only be sprinklered on one floor or one

wing. We did not receive any timely public comments in response to the October 2001 proposed rule that addressed the issue of installing automatic sprinkler systems in buildings not undergoing major renovations. That is to say, no public comments supported, questioned or challenged our proposal to incorporate this LSC provision by reference.

[If you choose to comment on issues in this section, please include the caption "GAO Report" at the beginning of your comments.]

A recent Government Accountability Office (GAO) report entitled "Nursing Home Fire Safety: Recent Fires Highlight Weaknesses in Federal Standards and Oversight" (GAO-04-660, July 16, 2004, <http://www.gao.gov/new.items/d04660.pdf>) examined two long term care facility fires (Hartford and Nashville) in 2003 that resulted in 31 total resident deaths. The report examined Federal fire safety standards and enforcement procedures, as well as results from the fire investigations of these two incidents. The report recommended that fire safety standards for unsprinklered facilities be strengthened and cited sprinklers as the single most effective fire protection feature for long term care facilities.

In response to a recommendation made in the GAO report, on March 25, 2005, we published an interim final rule with comment period in the **Federal Register** entitled, "Fire Safety Requirements for Certain Health Care Facilities; Amendment" (70 FR 15229). This interim final rule added paragraph (a)(7) to § 483.70, to require long term care facilities, at minimum, to install battery-operated smoke detectors in resident sleeping rooms and public areas, unless they have a hard-wired smoke detector system in resident rooms and public areas or a sprinkler system installed throughout the facility. Numerous public comments regarding this regulation indicated that the proper term for the fire safety device we described is "smoke alarms" rather than "smoke detectors." Therefore, we will refer to these fire safety devices as "smoke alarms." The final rule "Fire Safety Requirements for Certain Health Care Facilities; Amendment" also will reflect this terminology change.

Paragraph (a)(7) would be rendered moot by this proposed rule because all facilities would be required to have sprinklers throughout their buildings and would thus fall under one of the two exceptions noted above. For this reason, we are proposing to add a sunset provision to paragraph (a)(7). The sunset date for proposed paragraph (a)(7)(iv) in § 483.70 would correspond to the phase-

in date of the sprinkler requirement. For example, if all facilities were required to have sprinklers installed throughout their buildings by March 25, 2016, then the sunset date of the smoke alarms requirement in paragraph (a)(7)(iv) would be March 25, 2016. We believe this would reduce burden and confusion for long term care providers.

[If you choose to comment on issues in this section, please include the caption "Current Fire Safety Status" at the beginning of your comments.]

Structural fires in long term care facilities are relatively common events. From 1994 to 1999, an average of 2,300 long term care facilities reported a structural fire each year (2004 GAO Report). Although there were approximately 2,300 fires in long term care facilities per year, those fires only resulted in an average of 5 fatalities nationwide per year (2004 GAO Report). The likelihood of a fatality occurring due to a long term care facility fire was quite low.

The likelihood of a high number of fatalities occurring due to a long term care facility fire was even lower. From 1990 to 2002, there were no major long term care facility fires that resulted in a high number of fatalities. The long term care facility fires that did occur during this time period either did not result in fatalities or resulted in one or two fatalities. For 12 years, there simply were no major fires in long term care facilities that could begin to compare to the loss of life caused by the Hartford and Nashville fires.

We believe that the low number of fire-related fatalities each year is attributable to the increasing use of automatic sprinkler systems in long term care facilities as a fire protection method. State and local jurisdictions often adopt new editions of the LSC when they are published. Therefore, a building constructed in 1991 likely met the requirements of the 1991 edition of the LSC. Beginning with the 1991 edition of the LSC, all newly built facilities were required to have automatic sprinkler systems. In addition, beginning with the 1991 edition of the LSC, all facilities undergoing major renovations were also required by the LSC to install automatic sprinkler systems at least in those renovated areas. Therefore, as new facilities have replaced old facilities, and as facilities have been renovated, the number of residents protected by automatic sprinkler systems has increased. The increase in the number of automatic sprinkler systems and the number of residents residing in sprinklered buildings significantly has

decreased the likelihood of a fatality occurring due to fire.

According to NFPA data cited in the 2004 GAO report, there is an 82 percent reduction in the chance of death occurring in a sprinklered building when compared to the chance of death occurring in an unsprinklered building. In addition, we note that there has never been a multiple death fire in a long term care facility that had an automatic sprinkler system installed throughout the facility.

Automatic sprinkler systems are effective in reducing the risk of fatalities due to fire because they limit the size of a developing fire and prevent the fire from growing and spreading beyond the area where the fire ignited. Limiting the size of a fire and preventing it from growing and spreading results in a smaller number of individuals who are threatened by the fire. In addition, impeding the fire's growth gives the facility staff and residents and the local fire department more time to respond to the situation.

Automatic fire suppression through sprinklers also alleviates some of the current heavy reliance on facility staff to implement the facility's emergency plan. Fires often occur at night, as both the Hartford and Tennessee fires did, when staffing levels are lowest. Investigators of the Hartford fire determined that the facility's staff did not fully implement the facility's emergency plan, and that may have contributed to the number of fatalities in that fire. The 2004 GAO report concluded that, "reliance on staff response as a key component of fire protection may not always be realistic, particularly in an unsprinklered facility." Limiting the area of a building affected by a fire may result in less of a need to evacuate or relocate residents, thus eliminating some of the heavy reliance on facility staff response.

The effectiveness of automatic sprinkler systems has prompted some States, including Virginia, Connecticut, and Tennessee, to require that all long term care facilities have sprinklers. The NFPA also requires all long term care facilities to have automatic sprinkler systems as part of the 2006 edition of the LSC. The American Health Care Association (AHCA), one of the largest long term care facility provider organizations, supports installing sprinkler systems in all long term care facilities, and worked with the NFPA on the provisions of the 2006 LSC.

[If you choose to comment on issues in this section, please include the caption "CMS Action" at the beginning of your comments.]

We support the NFPA in its decision to include an automatic sprinkler system requirement for all long term care facilities in the 2006 edition of the LSC. We have decided to proceed with this rule, without adopting the NFPA 2006 edition of the LSC, because we want to avoid further delay in requiring an automatic sprinkler system in long term care facilities. As the 2003 fires demonstrated, there is a significant need to improve fire safety in long term care facilities in a timely manner. To adopt the 2006 edition of the LSC, we are required to go through notice and comment rulemaking. In addition to the time that it takes to carefully analyze the LSC in its entirety, the rulemaking process itself is a time-consuming process that, even in the best case scenario, takes 18 months to complete. Given the large scope of the LSC, it is probable that it would take even longer to complete the full rulemaking process. Therefore, it is probable that we would not be able to adopt and enforce compliance with the 2006 edition of the LSC until 2008 or 2009. In addition, the 2008 or 2009 publication date of a final rule would simply begin a probable phase-in period, which could be anywhere from 3 to 10 additional years. We believe that delaying the rulemaking process would be a disservice to all long term care facility residents who reside in buildings that do not have sprinklers. Therefore, we have decided at this time to proceed with rulemaking that does not include adoption of the NFPA 2006 LSC.

We will continue to work with the NFPA to revise and refine each edition of the LSC. We are currently examining the 2006 edition of the LSC in its entirety and exploring the possibility of adopting it for all Medicare and Medicaid participating health care facilities. We are soliciting public comment about our decision to proceed with rulemaking separate from the 2006 LSC. In addition, we may make changes to this sprinkler rule according to public comments that we receive that are related to the sprinkler requirements in the NFPA 2006 edition of the LSC.

We are also soliciting public comment regarding our decision to regulate the installation of automatic sprinkler systems through Federal rulemaking rather than deferring to State and local jurisdictions. There has been discussion within the larger long term care community about the advantages and disadvantages of Federal, State and local regulation in this area. In particular, we would like public comments regarding the necessity, advantages, and disadvantages of this Federal regulation requiring sprinklers. We would also like

public comments regarding the necessity, advantages, and disadvantages of deferring to State and local jurisdictions.

II. Provisions of the Proposed Regulations

For the reasons described in section I of this preamble, we are proposing a rule with three main components. First, the regulation proposes to add a sunset provision to paragraph (a)(7) in § 484.70 that would correspond to the phase-in date of the sprinkler requirement. This sunset provision would provide that, as of the phase-in date, we would no longer enforce the requirement that facilities have and maintain at least battery-operated smoke alarms. Second, this regulation proposes to require every long term care facility to install an approved, supervised automatic sprinkler system in accordance with the 1999 edition of NFPA 13, *Standard for the Installation of Sprinkler Systems*, throughout the facility if it does not have such a system already. Third, the regulation proposes to require every long term care facility to test, inspect, and maintain an approved, supervised automatic sprinkler system in accordance with the 1998 edition of NFPA 25, *Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems*.

The proposed requirements of this regulation include three technical terms: “approved,” “automatic,” and “supervised.” These terms are terms of art in the fire safety community and are included in NFPA 101, *Life Safety Code*, with which long term care facilities must already comply. There may be, however, individuals who are not familiar with the terms. Their definitions are as follows:

- *Approved* means acceptable to the authority having jurisdiction.
- *Automatic* means that which provides a function without the necessity of human intervention.
- *Supervised* means that the system and particular components of the system are monitored by a device with auditory and visual signals that are capable of alerting facility staff should the system or one of its components become inoperable for any reason.

The following section describes each of the main components.

A. Sunset Provision

[If you choose to comment on issues in this section, please include the caption “Sunset Provision” at the beginning of your comments.]

We are proposing in § 483.70(a)(7)(iv) to add a sunset provision for smoke alarms that would correspond to the

phase-in date of the sprinkler installation requirement. We are proposing to add this provision because otherwise paragraph (a)(7) would be rendered moot by this proposed rule. Paragraph (a)(7) requires long term care facilities to have at least battery-operated smoke alarms in resident rooms and common areas. Facilities that are fully sprinklered in accordance with NFPA 13 are exempt from the smoke alarm requirement. Once all facilities install sprinkler systems in accordance with the 1999 edition of NFPA 13, as we are proposing to require, all facilities would be exempt from the requirements of paragraph (a)(7). We believe that it is proper to state, in regulation, that the smoke alarm requirement would cease to be effective upon the phase-in date of the sprinkler requirement. Therefore, we propose to add a sunset provision to the smoke alarm requirement.

B. Installation

[If you choose to comment on issues in this section, please include the caption “Installation” at the beginning of your comments.]

We are proposing in § 483.70(a)(8)(i) to require long term care facilities to install approved, supervised automatic sprinkler systems throughout their facilities in accordance with NFPA 13, *Standard for the Installation of Sprinkler Systems* (which we would incorporate by reference). If a long term care facility was part of another building, such as a hospital, then the building would be required only to have sprinklers in the long term care facility section. The NFPA 13 specifies how to properly design and install sprinkler systems using the proper components. The standards of NFPA 13 cover a wide variety of factors that are involved in designing and installing sprinkler systems. The NFPA 13 is divided into 10 main chapters governing the design and installation phases of automatic sprinkler systems. They are as follows:

- General Information.
- Classification of Occupancies and Commodities.
- System Components and Hardware.
- System Requirements.
- Installation Requirements.
- Hanging, Bracing, and Restraint of System Piping.
- Design Approaches.
- Plans and Calculations.
- Water Supplies.
- System Acceptance.

The NFPA 13 is a very detailed document, with a wide variety of standards and exceptions to those standards. The document provides many options for the design and installation of sprinkler systems so that

each system may be tailored to the building in which it is installed. It is not practical to discuss each and every standard of NFPA 13 in this proposed rule. The technical standards of NFPA 13, along with helpful background and explanatory text, are in the *Automatic Sprinkler System Handbook*, published by the National Fire Protection Association (8th edition. Puchovsky, Milosh T., Ed.; 1999, Quincy, MA). The *Automatic Sprinkler System Handbook* contains more than 1,000 pages of information and provides far more information than this proposed rule. Therefore, the following section will only briefly discuss the general content of each design and installation-related chapter of NFPA 13, to provide an overview of the factors that facilities would be required to address when designing and installing an automatic sprinkler system.

Chapter 1, General Information, discusses four separate areas. First, it describes the scope of NFPA 13. According to the *Automatic Sprinkler System Handbook*, NFPA 13 provides the minimum requirements for sprinkler systems to operate during a fire. These requirements focus on the design and installation of sprinkler systems that use automatic or open sprinklers that discharge water to suppress or control a fire.

Second, chapter 1 describes the purpose of NFPA 13. The NFPA 13 focuses on the technical aspects of the design and installation of sprinkler systems in order to standardize these areas "based on sound engineering principles, test data, and field experience." The purpose of NFPA 13 is to ensure through standardization that sprinkler systems, when designed and installed in buildings, are designed, assembled, and installed in a safe and effective manner using the correct materials (for instance, pipes) and information (for instance, system diagrams).

Third, chapter 1 defines important terms that are used throughout the document. Frequently, the terms used in NFPA 13 are specific to sprinkler systems, and their definitions may not be available in other resources. To avoid any possible confusion, NFPA 13 provides an inclusive list of terms and their definitions as they apply to sprinkler systems. This list is one way in which NFPA 13 standardizes sprinkler system requirements.

Finally, chapter 1 addresses the level of protection that sprinkler systems are expected to provide. Chapter 1-6.1 states that, "[a] building, where protected by an automatic sprinkler system installation, shall be provided

with sprinklers in all areas." The success of a sprinkler system depends, in large part, on how large a fire is when it first begins and the initial sprinklers are activated. If a fire begins in a sprinklered area, then the sprinklers would quickly be activated, spraying water on the fire and surrounding areas. These procedures would prevent the fire from expanding and would therefore protect the occupants of the building. Conversely, if a fire begins in one part of a building where there are no sprinklers, then it would be allowed to grow due to the lack of sprinklers. Once the fire reached an area with sprinklers, the fire would likely be too large for the sprinklers to control. Sprinkler systems are not intended to prevent a fire in an unsprinklered area from spreading to a sprinklered area. Therefore, NFPA 13 requires that sprinklers be installed throughout a building. If there is a 2-hour fire wall separating the section of a building that contains a long term care facility from the rest of the building, then the long term care facility section is considered to be its own building. This means that we require only the long term care facility section to have sprinklers installed throughout. If there is no 2-hour fire wall separating the long term care facility from the rest of the building, then the long term care facility could choose to install a 2-hour fire wall separation or sprinkler the entire building.

Chapter 2, Classification of Occupancies and Commodities, is divided into two sections, one for occupancies and the other for commodities. Sprinkler systems are designed using a variety of methods and components within the requirements of NFPA 13. The choice of design method and components is based on how the building is used. Chapter 2 identifies the general occupancies and their fire risk levels. It also identifies the many different types of items that are stored in buildings. These broad classifications of occupancies and commodities enable sprinkler system designers to tailor the systems to the particular fire safety needs of each building. The classifications also help ensure that all buildings, regardless of their differences, are fully protected by appropriate sprinkler systems.

Chapter 3, System Components and Hardware, contains the general requirements for the pieces that are used to create a sprinkler system. First and foremost, NFPA 13 requires that the system components be listed. This provision requires that the components used to build a sprinkler system be on a list published by an organization that periodically inspects the products on

the list. The list states that the component meets appropriate designated standards or has been tested and found suitable for a specific purpose. Using listed components helps ensure that the components, and thus the system, are effective and reliable in the event of a fire.

This chapter also covers the basic requirements for sprinkler system components. It requires that sprinklers have certain specified discharge and temperature characteristics. The chapter also requires that facilities maintain a sufficient number of replacement sprinklers for each type of sprinkler used in the facility. In addition to being properly maintained, sprinklers may need to be replaced. It is important that a facility have enough sprinklers in its possession in order to replace any sprinklers immediately, so as not to compromise the effectiveness and reliability of the entire system in the event of a fire.

Chapter 3 also contains requirements for escutcheon plates, guards, shields, aboveground pipes and tubes, underground pipes, fittings, joinings, hangers, valves, fire department connections, waterflow alarms, and any coatings that are on system components. All of the requirements included in chapter 3 of NFPA 13 exist to ensure that the components used to construct sprinkler systems will operate as needed in the event of a fire. Some of the above listed components, such as pipes, are also addressed in other chapters of NFPA 13.

Chapter 4, System Requirements, is divided into requirements for the different types of sprinkler systems that may be used in a facility. The two main categories of sprinkler systems are wet and dry pipe systems. Wet pipe systems are, in the most general terms, systems in which the pipes contain water. When the heat from a fire triggers the sprinklers, the water is immediately discharged. Dry pipe systems are filled with air or nitrogen, rather than water. When the air or nitrogen is released, the water flows into the pipes and out through the sprinklers. Within these two broad sprinkler system categories, each of which provides an equal level of fire protection, NFPA 13 addressed many variations that sprinkler system designers may use to address the needs of a particular building. The NFPA 13 leaves the choice of which system type and variation to use for each building to the sprinkler system designer. This flexibility helps ensure that the sprinkler system fully addresses the unique needs of the building and its occupants, thereby ensuring that the

building is optimally protected by its sprinkler system.

Chapter 5, Installation Requirements, contains the requirements for the normal arrangement of sprinkler system components. The actual layout of a specific sprinkler system may differ from the normal layout described in this chapter of NFPA 13 based on the available water supply, type of sprinkler, building construction features, and other considerations. However, the basic layout principles of this chapter, such as the position and location of sprinklers and valves, would still apply. Chapter 5 helps ensure that facilities are adequately protected by providing the minimum and maximum limits for sprinkler system components. Within this minimum-maximum range, system designers have the flexibility to address the fire-safety needs of each facility.

This chapter includes the specific requirements for the many different types of sprinklers. It covers sprinklers ranging from standard pendent and upright spray sprinklers to early suppression fast-response sprinklers. Each sprinkler type has advantages and disadvantages depending on the circumstances under which it is used. The sprinkler type that may be appropriate for one facility may not be appropriate for another. Therefore, NFPA 13 includes requirements for all sprinkler types so that sprinkler system designers have the flexibility to properly utilize the right sprinkler type for the job.

This chapter also includes requirements for specialized facilities, such as those that store flammable and combustible materials. These requirements would not pertain to long term care facilities because health care occupancies are considered to be light hazards. As described in chapter 5, light hazard buildings are not included in the specialized facilities.

Chapter 6, Hanging, Bracing, and Restraint of System Piping, contains the requirements for the structural issues that are related to installing sprinkler piping systems. It identifies acceptable types of hangers, how those hangers are installed, how fire main joints are restrained, and how pipes are protected in areas where earthquakes occur. It is important to ensure that sprinkler system components are properly hung. If they are improperly hung, then they may randomly fall down and injure someone. In addition, improperly hung components may fall under the pressure of water flowing through them during a fire situation, thus disabling the sprinkler system and allowing the fire to grow.

Chapter 7, Design Approaches, addresses the minimum amount of water necessary to effectively control or suppress a fire. This chapter requires that water demands will be determined using the occupancy hazard fire control approach and permits special design approaches to allow for the use of non-standard components such as early suppression fast-response sprinklers. Facilities are required to ensure that there is a sufficient amount of water to control or suppress a fire.

Chapter 8, Plans and Calculations, is an extension of chapter 7 that focuses on the specific methodologies that can be used to calculate and verify a sprinkler system's hydraulic demand and its available water supply. Properly calculating these values is a crucial step in ensuring that the system has adequate pressure and water to control or suppress a fire. If a value is not properly calculated and, for example, there is not enough water available for a sprinkler system to fully control a fire, then the fire would be allowed to grow and spread to other areas. The growth of the fire would jeopardize the safety of the building's occupants.

This chapter also requires that preliminary sprinkler system plans be submitted for review to the authority having jurisdiction for several reasons. First, submitting the plans before construction begins would help ensure that the plans meet all requirements, thus avoiding changes at a later date. Also, submitting the plans for review may help ensure that there are no errors. A person who is not familiar with the plan brings a fresh perspective and may be able to more easily spot errors. Finally, submitting plans early helps to avoid misunderstandings. It is often difficult to verbally describe how a system would be constructed and how it would function. A visual layout, which is already required by most authorities having jurisdiction, would aid in communication and understanding between all parties, including the designer, the authority having jurisdiction, and the construction personnel.

Chapter 9, Water Supplies, further expands on the areas that are related to ensuring that a sprinkler system has adequate water to control or suppress a fire. It addresses situations where a facility may not have an adequate municipal water supply. Facilities may need to install a pump to increase water pressure and a tank to store extra water to compensate for an inadequate municipal supply. This chapter includes the requirements that these additional components would need to

meet and addresses their proper use in a sprinkler system.

Chapter 10, Systems Acceptance, requires that sprinkler systems, once constructed, be tested. System testing is done in order to verify that the basic requirements of all of the previous chapters of NFPA 13 are satisfied, that the construction of the system is satisfactory, and that the system performs as intended. During a system test, facilities are required to examine pipes, pipe joints, alarms, and other components to ensure that they are properly installed and that they are in working order.

We would require that all long term care facilities that do not already have an automatic sprinkler system installed throughout the building install such a system in accordance with all of the requirements NFPA 13, including but not exclusive to those described above.

C. Phase-In

[If you choose to comment on issues in this section, please include the caption "Phase-in" at the beginning of your comments.]

We are soliciting public comment regarding an appropriate phase-in timeframe for the installation of an automatic sprinkler system. Such a timeframe should provide for this additional fire protection feature as quickly as possible without undue burden on long term care facilities.

We are soliciting public comment regarding a phase-in period for this requirement because we believe that it would require a substantial amount of time for a facility to plan and install an automatic sprinkler system. A facility would likely decide to use the services of a fire safety consultant to design a system that met its needs. Simply securing these services could be a time-consuming process. In addition, a facility would probably need to reallocate its resources and possibly secure additional capital resources to implement this requirement. This part of the preparation would also take a substantial amount of time to complete. After preparing for the installation, a facility would actually have to install the system. Installation may require removing ceilings, cutting walls, and numerous other construction tasks. Installation may also require temporarily relocating residents, either within the facility or to another facility, while the sprinkler system was being installed. We believe that most facilities would choose to install sprinklers in their existing facility, and would therefore go through this preparation and implementation process.

However, there may be some facilities that choose to relocate to a building that already has a sprinkler system installed throughout the building. These facilities may have planned to relocate to another building for reasons unrelated to the proposed sprinkler requirement. The decision to move, however, may be prompted by the proposed requirements. For some facilities it may be easier to move rather than to install such a system in their current location. Locating, purchasing or constructing, and moving a facility would be a lengthy process. A phase-in period, we believe, would allow facilities that choose to relocate to a sprinklered building the chance to do so instead of installing sprinklers in an existing building.

Given these considerations, we believe that requiring a long term care facility to install an automatic sprinkler system throughout its building requires a phase-in period. We would encourage facilities that were able to install an automatic sprinkler system to do so as soon as possible, rather than delay the project until the effective date of a phase-in period drew near.

D. Maintenance

[If you choose to comment on issues in this section, please include the caption "Maintenance" at the beginning of your comments.]

We are proposing in § 483.70(a)(8)(ii) to require that all long term care facilities test, inspect, and maintain an approved, supervised automatic sprinkler system in accordance with the 1998 edition of NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*, which we propose to incorporate by reference. Proper inspections, tests, and maintenance of sprinkler systems are critical to ensuring that sprinkler systems function properly on a continuous basis. Fires are, by nature, unpredictable, and sprinkler systems must be operable at all times to ensure that buildings are protected whenever and wherever fires occur.

National Fire Protection Association 25 covers a wide variety of testing, inspection, and maintenance requirements for the numerous types of sprinkler systems that facilities may install and the auxiliary equipment that may be necessary for some facilities. The general contents of the chapters of NFPA 25 are as follows: Chapter 1, General Information, describes the scope of the document; describes and defines key ideas and terms; requires that facilities maintain records of inspections, tests, and maintenance activities; establishes who is responsible

for ensuring that all inspection, testing, and maintenance duties are performed; and requires that all inspection, testing, and maintenance activities be conducted in a safe manner.

- Chapters 2, Sprinkler Systems; 3, Standpipe and Hose Systems; 7, Water Spray Fixed Systems; and 8, Foam-Water Sprinkler Systems, address the specific inspection, testing, and maintenance requirements for the different types of sprinkler systems that facilities may use, based upon their needs and circumstances.

- Chapter 9, Valves, Valve Components, and Trim, focuses on the inspection, testing, and maintenance of the valves, valve components, and trim that are used to construct these systems.

- Chapters 4, Private Fire Service Mains; 5, Fire Pumps, and 6, Water Storage Tanks, address the inspection, testing, and maintenance requirements for auxiliary equipment that may be necessary for a particular facility.

- Chapter 10, Obstruction Investigation, provides the minimum requirements for conducting investigations of possible sources of materials that can block pipes and prevent them from operating properly.

- Chapter 11, Impairments, assures that adequate measures are taken when a sprinkler system is wholly or partially shutdown, either on an emergency or preplanned basis, to ensure that increased fire safety risks are minimized and that the shutdown is as short in duration as possible.

- Chapter 12, Referenced Publications, provides a list of other NFPA publications that are referred to within NFPA 25.

Facilities would be required by this proposed rule to comply with all applicable chapters of NFPA 25 once they had installed their sprinkler systems in accordance with the requirements of NFPA 13.

III. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995, we are required to provide 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.

- The accuracy of our estimate of the information collection burden.

- The quality, utility, and clarity of the information to be collected.

- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

We are soliciting public comment on each of these issues for the following sections of this document that contain information collection requirements:

In summary, § 483.70(a)(8)(ii) requires that all long term care facilities test, inspect, and maintain an approved, supervised automatic sprinkler system in accordance with the 1998 edition of NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*. This section states that facilities would be required by this proposed rule to comply with all applicable chapters of NFPA 25 once they have installed their sprinkler systems in accordance with the requirements of NFPA 13.

We believe that facilities would utilize the services of a contractor for all inspection, testing, and maintenance activities, including documentation of those activities. Therefore, no burden would be associated with the development of the documentation. There would, however, be a burden associated with the time and effort required by facilities to maintain documentation of inspections, tests, and maintenance activities in accordance with the standards outlined in the NFPA 25. This burden would be the time it takes to file the documentation.

The burden associated with these requirements is estimated to be 1 hour per long term care facility. Therefore, we estimate it would take 2,462 total annual hours (1 hour × 2,462 estimated affected long term care facilities) to satisfy this burden.

If you comment on these information collection and recordkeeping requirements, please mail copies directly to the following:

Centers for Medicare & Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Regulations Development Group, Attn: Bill Parham, CMS-3191-P, Room C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850; and Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn: Carolyn Lovett, CMS Desk Officer, CMS-3191-P, Carolyn.Lovett@omb.eop.gov fax (202) 395-6974.

IV. Regulatory Impact Statement

[If you choose to comment on issues in this section, please indicate the caption "Regulatory Impact Statement" at the beginning of your comment.]

A. Overall Impact

We have examined the impact of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96-354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104-4), and Executive Order 13132.

Executive Order 12866 (as amended by Executive Order 13258, which merely reassigns responsibility of duties) directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more in any 1 year). We have examined the impact of this proposed rule, and we have determined that this rule would not meet the criteria to be considered economically significant, and it would not meet the criteria for a major rule.

This determination is based on a variety of cost factors and phase-in lengths. As a brief summary, we estimate that this proposed rule would cost \$47.8 to \$69.9 million, \$73.5 to \$107.5 million, and \$107.7 to \$157.6 million annually, based on phase-in periods of 10 years, 7 years, and 5 years, respectively.

The estimated cost range for installing a sprinkler system throughout an existing building for an average size unsprinklered facility (50,000 square feet) would be \$205,000 to \$307,500, depending on the cost per square foot. The projected installation cost of this proposed requirement would account for approximately 0.4 to 0.6 percent of an average facility's actual revenue over a 10-year period, 0.6 to 0.9 percent over a 7-year period, and 0.8 to 1.2 percent over a 5-year period.

The estimated cost range for installing a sprinkler system throughout an existing building for an average size partially sprinklered facility (37,500 square feet) would be \$153,750 to \$230,625, depending on the cost per square foot. The projected installation cost of this proposed requirement would account for approximately 0.3 to 0.5

percent of an average facility's actual revenue over a 10-year period, 0.4 to 0.7 percent over a 7-year period, and 0.6 to 0.9 percent over a 5-year period.

The basis for these estimates is fully described in section IV.B.2 of this proposed rule. In that section, we estimate that 1,947 partially sprinklered facilities would, over a 10 year phase-in period, install sprinklers throughout their buildings in accordance with this proposed rule, at a cost of \$75,338 to \$416,250 per facility, based on size and installation cost variables. The average yearly installation cost for all partially sprinklered facilities would be \$37.2 million to \$54.1 million. This determination is further based on the estimate that 515 unsprinklered facilities would install sprinklers, at a cost of \$100,450 to \$615,000 per facility. The average yearly installation cost for all unsprinklered facilities would be \$10.5 million to \$15.8 million. The average yearly installation cost estimates are based on an example of a 10-year phase-in period.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and small government jurisdictions. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of \$6 million to \$29 million in any 1 year. For purposes of the RFA, most entities affected by this proposed rule are considered small businesses according to the Small Business Administration's size standards, with total revenues of \$29 million or less in any 1 year (for detail, see 65 FR 69432). Individuals and States are not included in the definition of a small entity.

According to our statistics, long term care facilities, all of which would be required to have sprinkler systems throughout their buildings, earned a total of \$89.6 billion in 1999 (<http://www.cms.hhs.gov/statistics/nhe/historical/t7.asp>). According to the National Nursing Home Survey: 1999 Summary (http://www.cdc.gov/nchs/data/series/sr_13/sr13_152.pdf), there were 18,000 nursing facilities in operation at that time.

(Note: In the following paragraph the terms "average facility" and "small facility" are strictly based on a revenue metric. That is, the terms only describe the amount of revenue that facilities would have.)

Long term care facilities vary in a number of ways, ranging from the number of residents to the predominant source of payment for those residences. For the purposes of our general analysis,

we chose to assess the financial impact of this proposed rule on an average (median) facility and a much smaller facility (50 percent below the median). An average facility had approximately \$4,977,778 in revenue in 1999. A facility with revenue 50 percent below this average earned \$2,488,889. For example, over a 5-year, 7-year, and 10-year period, an average facility would earn \$24,888,890, \$34,844,446, and \$49,777,780, respectively. The small facility would earn \$12,444,445, \$17,422,223, and \$24,888,890 over those same time periods.

The projected cost of this proposed requirement would account for 0.8 to 1.2 percent of a typical small facility's actual revenue over the 5-year example period, 0.5 to 0.9 percent of such facility's actual revenue over the 7-year example period, or 0.4 to 0.7 percent of such facility's actual revenue over the 10-year example period. We are assuming that a small facility's square footage was 50 percent less than an average facility's square footage because there is a strong correlation between the size of a facility, as reflected by the number of resident beds it has, and the facility's revenue level. We believe that, given these estimates, this proposed rule would not have a significant impact on a substantial number of small entities.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 100 beds.

We know that 8.41 percent of long term care facilities, 1,514 nationwide, are located in hospitals, but we do not know how many of those hospitals are small rural hospitals. As described in section IV.B.2 of this proposed rule, 75.89 percent of long term care facilities nationwide report that they are fully sprinklered. An additional 15.2 percent report that they are partially sprinklered, 4.14 percent report that they are not sprinklered, and 4.77 percent did not report any information about sprinklers. From this information, we estimate that, of the 1,514 long term care facilities located in hospitals, 1,204 are fully sprinklered, 241 are partially sprinklered, and 69 are not sprinklered. We assume that long term care facilities that are located in small rural hospitals are small as well.

For a small unsprinklered facility with less than 50 resident beds, we

estimate that purchasing and installing sprinklers would cost \$100,450 (at \$4.10 per square foot), \$134,750 (at \$5.50 per square foot), or \$150,675 (at \$6.15 per square foot). If the small unsprinklered facility met the revenue criteria for a smaller facility as described above, then the projected cost of this proposed requirement would account for 0.8 to 1.2 percent of the facility's revenue over the 5-year example period, 0.5 to 0.9 percent of the facility's revenue over the 7-year example period, or 0.4 to 0.7 percent of the facility's revenue over the 10-year example period.

For a small partially sprinklered facility with less than 50 resident beds, we estimate that purchasing and installing sprinklers would cost \$75,338 (at \$4.10 per square foot), \$101,063 (at \$5.50 per square foot), or \$113,006 (at \$6.15 per square foot). If the small partially sprinklered facility met the revenue criteria for a smaller facility as described above, then the projected cost of this proposed requirement would account for 0.7 to 0.9 percent of the facility's revenue over the 5-year example period, 0.4 to 0.6 percent of the facility's revenue over the 7-year example period, or 0.3 to 0.5 percent of the facility's revenue over the 10-year example period.

Therefore, we believe that this proposed rule would not have a significant impact on the operations of a substantial number of small rural hospitals.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in expenditure in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of \$110 million. This proposed rule would not have an effect on State, local, or tribal governments because we do not propose to require State, local, or tribal governments to take any action. Based on our example of a 10-year phase-in period, we estimate that the private sector costs of this proposed regulation would be \$47.8 million to \$69.9 million in any 1 year for installation and an additional \$1,019 per facility for maintenance. After the initial installation period, we estimate that the private sector costs of this proposed regulation would \$2,508,778 annually for maintenance. This estimate would not approach the \$110 million threshold; therefore, this section does not assess the anticipated costs and benefits as required by section 202 of the Unfunded Mandates Reform Act of 1995.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule (and subsequent final rule) that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. This proposed regulation would not have any Federalism implications.

B. Anticipated Effects

1. Benefits

Decreasing Loss of Life

We believe that installing an approved, supervised automatic sprinkler system in accordance with NFPA 13, *Standard for the Installation of Sprinkler Systems*, throughout a long term care facility would have a positive impact on resident safety. According to the July 2004 GAO report discussed above, installing sprinklers decreases the chances of fire-related deaths by 82 percent. In unsprinklered facilities, there are 10.8 deaths per 1,000 fires. In sprinklered facilities, there are 1.9 deaths per 1,000 fires.

The 2003 fires in Hartford and Nashville resulted in more fire related deaths (31) than there were for several previous years combined. Both of these fires occurred in unsprinklered buildings. If sprinklers had been installed in these facilities, and if they were properly maintained, we estimate that 82 percent of those fire-related deaths may have been prevented, based on an 82 percent reduction in the chances of death occurring in a sprinklered facility. We estimate that, based on this reduction, 25 (82 percent of 31 deaths = 25) lives could have been saved by sprinklers in these two fires, or 13 lives in the Hartford fire and 12 lives in the Nashville fire.

In 1997, the average age at admission for long term care facility residents was 82.6 years, and 51 percent of long term care facility residents were 85 years of age or older (*The Changing Profile of Nursing Home Residents: 1985–1997*. Sahyoun NR, Pratt LA, Lentzner H, Dey A, Robinson KN. Aging Trends; No. 4. National Center for Health Statistics. Hyattsville, MD; 2001). These numbers reflect the overall demographic trend in long term care facilities toward an older patient population. For the purposes of our analysis, we assume that the average age of long term care facility residents is 85. Also in 1997, the life expectancy for an individual at age 85 was 6.3 years (*Older Americans 2000: Key Indicators of Well-Being*. Federal Interagency Forum on Aging-Related Statistics. <http://www.agingstats.gov/>

chartbook2000/tables-healthstatus.html). This means that an 85-year-old long term care facility resident could expect to live an average of 6.3 more years.

Based on the assumption that the average age of long term care facility residents is 85 with a life expectancy at age 85 of 6.3 years, we estimate that sprinklers in these two fires would have added 157.5 life years (25 lives saved × 6.3 life years per life saved).

While the number of deaths in these two fires is not typical of the number of fire-related deaths in long term care facilities as a whole, we believe that they should still be taken into consideration when discussing the impact on the general long term care facility resident population.

In a typical year from 1994 through 1999, about 2,300 long term care facilities report structural fires (July 2004 GAO report). For the purposes of our analysis, we estimate that 3,688 long term care facilities currently do not have sprinklers installed throughout the buildings. (See section IV.B.2. of this proposed rule).

We estimate that 25 percent (575) of the 2,300 facilities that reported fires did not have sprinklers installed throughout their buildings. This estimate is based on the results of the 2004 GAO report and a nationwide survey of long term care facilities as described in section IV.B.2 of this proposed rule.

Based on the rate of 10.8 deaths per 1,000 unsprinklered facility fires, we estimate that 6 deaths occurred in 575 fires in unsprinklered facilities annually. (575 facilities = 57.5 percent of 1,000 facilities; 57.5 percent of 10.8 deaths = 6 deaths). This estimate differs slightly from the average number of deaths (5) that occurred due to long term care facility fires, as presented in the July 2004 GAO report, because this estimate predicts the number of deaths that should statistically occur, based on established percentages, rather than the average number of deaths that occurred annually in the past. This estimate is prospective, whereas the 2004 GAO figure is retrospective.

If these unsprinklered or partially sprinklered facilities install sprinklers throughout their buildings and those sprinklers are properly maintained, then we estimate that there would be 1 death (57.5 percent × 1.9 deaths per 1,000 sprinklered facility fires = 1) in those same 575 facilities. Installing sprinklers in unsprinklered buildings would, based on these estimates, save 5 lives annually.

TABLE 1.—ESTIMATED ANNUAL FIRE DEATHS

Number of estimated annual fire-related deaths in unsprinklered long term care facilities	Number of estimated annual fire-related deaths if those facilities were sprinklered	Number of estimated annual lives saved by sprinklers
6	1	5

Given the estimate described above that installing and maintaining sprinkler systems in existing long term care facilities would save 5 lives annually, we estimate that sprinklers would save 31.5 life years annually (5 lives saved \times 6.3 years gained per life).

TABLE 2.—LIFE YEARS

Number of life years gained per life saved	Number of life years gained annually
6.3	31.5

There are a wide variety of estimates regarding the statistical value of a quality-adjusted life year. That is, there are numerous studies that attempt to quantify how much individuals and society are willing to pay to gain a single, quality year of life, known as a quality-adjusted life year. These studies, using one or more of four different methodologies, have estimated that individuals and society are willing to pay between \$50,000 and \$450,000 for a quality-adjusted life year. Due to the fact that there is no widely accepted standard value, we have refrained from estimating the statistical value of each life year that would be gained as a result of a final rule requiring sprinklers in all long term care facilities.

Decreasing Loss of Property

As a result of installing and properly maintaining sprinklers, we anticipate that facilities that experience fires would lose less property. While the amount of property damage and loss that would be prevented by installing and maintaining sprinklers is not readily quantifiable, we believe that the amount of damage prevented would be substantial and that this prevention would benefit affected long term care facilities.

Decreasing Fire Recovery Disruption and Time

In addition to losing less property due to fire, we anticipate that long term care facilities that experience fires would be able to recover more quickly with fewer disturbances to residents. Because sprinkler heads generally activate only in the area immediately near the fire source, the area that would be damaged by a fire would likely be much smaller in a sprinklered building than it would

be in a building without sprinklers, thus reducing recovery costs. In addition, by limiting the area affected by the fire, there would be fewer disturbances to residents during the recovery time. While we cannot quantify these benefits to long term care facilities and their residents, we believe that they are substantial and worth considering.

2. Costs

This proposed rule would require a long term care facility to install an approved, supervised automatic sprinkler system in accordance with NFPA 13, *Standard for the Installation of Sprinkler Systems*, throughout the building. This proposed rule would also allow long term care facilities to install automatic sprinkler systems within a phase-in period to be determined based on public comments. As described in section IV.B.2 of this proposed rule, we set forth the various contingencies, assumptions, and data sources that we used to develop our estimates. In addition, in section IV.B.2, we present our final estimates based on those contingencies, assumptions, and data sources.

Phase-In Period

We are soliciting public comment regarding the length of a phase-in period to allow long term care facilities to install sprinklers. The cost of installing sprinklers is substantial, and we do not expect long term care facilities to have \$75,000 to \$615,000, depending on the size of the area requiring sprinklers and the cost of installing sprinklers, immediately available to purchase and install sprinklers. We believe that a phase-in period would mitigate the cost of installing sprinklers by allowing facilities time to reprioritize and redistribute resources. At this time, we do not know what would be the exact length of the phase-in period.

For illustrative purposes only, we have estimated the annual costs of this proposed rule for 5-year, 7-year, and 10-year phase-in periods. While we would encourage all facilities to immediately begin the process of purchasing and installing sprinklers, we understand that some facilities would choose to wait until the very end of a phase-in period to begin this process. Therefore, we expect that the full cost of this proposed

rule would be distributed over a period of several years as facilities nationwide would likely stagger their installation schedules to meet their individual needs and circumstances.

Number and Size of Affected Facilities

We estimate that the installation provision of this proposed regulation would, over a 10-year phase-in period, impact 1,947 partially sprinklered and 515 unsprinklered long term care facilities. We based this estimate on several elements.

The July 2004 GAO report on long term care facility fire safety estimated that 20 to 30 percent of long term care facilities do not have sprinklers throughout the facility and would therefore be subject to the provisions of this regulation.

We conducted a survey of all 18,005 long term care facilities. Facilities in 46 States and the District of Columbia responded to the survey. Results from the four States that did not respond have been extrapolated based on the pattern of responses from other States. The survey found that 75.89 percent of long term care facilities are fully sprinklered. In addition, 15.2 percent of long term care facilities were partially sprinklered, and 4.14 percent did not have any sprinklers. An additional 4.77 percent of facilities is unknown. The 4.77 percent of unknown facilities has been distributed, based on the previously cited percentages, into the categories for fully, partially, and non-sprinklered.

Of the 18,005 long term care facilities, we estimate that 14,317 are fully sprinklered. In addition, we estimate that there are 2,867 partially sprinklered facilities and 782 non-sprinklered facilities (results of survey + extrapolated results for non-responding States + extrapolated unknown results).

Distributing numbers based on percentages requires rounding, and can result in facilities not being fully accounted for. The above results do not account for 39 facilities. For purposes of our analysis, we assume that these 39 facilities are non-sprinklered, for a total of 821 non-sprinklered facilities.

Therefore, we estimate that 14,317 facilities would not be impacted by this proposed rule because they already have sprinklers installed throughout their

buildings. We estimate that 3,688 facilities could potentially be impacted by this proposed rule because they do not have sprinklers installed throughout their buildings.

We estimate that, of those 3,688 facilities without sprinklers throughout, 435 partially sprinklered facilities, and 170 non-sprinklered facilities are located either in States that have their own long term care sprinkler requirements (3) or in States that would adopt the 2006 edition of the NFPA 101, *Life Safety Code* (LSC) (12).

The NFPA included a requirement that all existing long term care facilities install sprinklers throughout their buildings in the 2006 edition of the LSC. The NFPA already requires that sprinkler systems that are installed in all buildings be maintained according to NFPA 25.

Although Federal regulations require the 2000 edition of the LSC, 12 States have independently updated their requirements to adopt the 2003 edition of the LSC. We assume that these States would continue to adopt the most recent version of the LSC.

The 2006 edition has already been released to the public, ahead of any final CMS rule requiring sprinklers in all long term care facilities. In adopting the 2006 edition of the LSC, those States would require the long term care facilities within their jurisdictions to install and maintain sprinklers absent this proposed rule. Therefore, facilities in those States would not be impacted by this proposed rule.

In addition, we assume that 2 percent of existing long term care facilities would be replaced or fully renovated each year as part of the natural cycle of facilities upgrading their accommodations. Therefore, of the initial 2,867 partially sprinklered and 821 unsprinklered facilities, we assume that 57 partially sprinklered and 16

unsprinklered facilities would be replaced or fully renovated each year. If there were to be a 10-year phase-in period, then 570 partially sprinklered and 160 unsprinklered buildings would likely be replaced or fully renovated before the phase-in period would expire.

Of these 570 and 160 facilities, we estimate that 15 percent are in the States that have independent sprinkler requirements or would adopt the 2006 edition of NFPA 101, and would therefore require sprinklers absent Federal rulemaking. These 85 and 24 facilities (15 percent of 570 and 160 facilities) are captured in the 435 partially sprinklered and 170 unsprinklered facilities already excluded from our impact analysis, as described above. That leaves an estimated 485 existing partially sprinklered and 136 unsprinklered facilities that would be naturally replaced by new facilities with sprinklers or fully renovated within, for example, a 10-year phase-in period (570 naturally replaced or renovated facilities – 85 in States that would require sprinklers absent Federal rulemaking = 485 facilities; 160 naturally replaced facilities – 24 in States that would require sprinklers absent Federal rulemaking = 136 facilities). Likewise, if there were to be a 7-year phase-in period, then 399 partially sprinklered and 112 unsprinklered buildings would likely be replaced or fully renovated before the phase-in period would expire. If there were to be a 5-year phase-in period, then 285 partially sprinklered and 80 unsprinklered buildings would likely be replaced or fully renovated before the phase-in period would expire.

This brings the total number of estimated affected partially sprinklered facilities to 1,947 (original 2,867 existing partially sprinklered facilities

– 435 facilities in States that would require sprinklers absent Federal rulemaking – 485 existing facilities that would be replaced or renovated naturally over a 10 year phase-in period = 1,947 partially sprinklered facilities that would be affected by this proposed rule). The total number of estimated affected unsprinklered facilities is 515 (original 821 existing unsprinklered facilities – 170 facilities in States that would require sprinklers absent Federal rulemaking – 136 existing facilities that would be replaced naturally over a 10-year phase-in period = 515 unsprinklered facilities that would be affected by this proposed rule).

The same methodology was used to identify the number of affected unsprinklered and partially sprinklered long term care facilities over 7-year and 5-year phase-in periods. These estimates, displayed in table 3, are not the same as the estimates for a 10-year phase-in period because fewer facilities would be naturally replaced or remodeled during a 7-year or 5-year phase-in than during a 10-year phase-in. Therefore, more facilities would be affected by this proposed rule.

Based on discussions with the American Health Care Association and State survey agencies, an average size unsprinklered long term care facility has 100 resident beds and is 50,000 square feet (50,000/100 or 500 square feet per bed). Much larger long term care facilities have recently been constructed. However, as newly constructed facilities, they are already required to have sprinklers installed throughout their buildings. Using the methodology described above, table 3, based on data from our sprinkler survey and our Certification and Survey Provider Enhanced Reporting system, shows the size and number of affected unsprinklered facilities over three different phase-in periods.

TABLE 3.—NUMBER OF UNSPRINKLERED FACILITIES AFFECTED

	Less than 50 beds (less than 24,500 sq. ft)	50–99 beds (24,501– 49,500 sq. ft)	100–199 beds (49,501– 99,500 sq. ft)	200 or more beds (99,501 or more sq. ft)	Total number of affected facilities
10 year phase-in	102	220	168	25	515
7 year phase-in	110	238	181	27	556
5 year phase-in	116	249	190	28	583

An average partially sprinklered facility also has 100 beds and is 50,000

square feet. Table 4 shows the size and number of affected partially sprinklered

facilities over three different phase-in periods.

TABLE 4.—NUMBER OF PARTIALLY SPRINKLERED FACILITIES AFFECTED

	Less than 50 beds (less than 24,500 sq. ft)	50–99 beds (24,501– 49,500 sq. ft)	100–199 beds (49,501– 99,500 sq. ft)	200 or more beds (99,501 or more sq. ft)	Total number of affected facilities
10 year phase-in	253	561	745	388	1,947
7 year phase-in	272	603	801	417	2,093
5 year phase-in	285	631	838	436	2,190

These buildings, however, would not require sprinklers to be installed in all areas because the building is already partially sprinklered. For purposes of this impact analysis, we assume that a partially sprinklered building is 25 percent sprinklered, leaving 75 percent of the building to be sprinklered in accordance with this proposed rule. Buildings in this category may have more or less sprinkler coverage than this assumption.

For facilities with fewer than 50 resident beds, we estimate that sprinklers would be installed for 18,375 square feet (75 percent of maximum square footage in this size category). For facilities with 50 to 99 resident beds, we estimate that sprinklers would be installed for 27,750 square feet (75 percent of average square footage in this size category). For facilities with 100 to 199 resident beds, we estimate that sprinklers would be installed for 55,875 square feet (75 percent of average square footage in this size category). For facilities with more than 199 resident beds, we estimate that sprinklers would be installed for 75,000 square feet (75 percent of minimum square footage in this size category).

Installation Cost Per Square Foot

Purchasing and installing a sprinkler system according to the requirements of NFPA 13 encompasses a wide variety of factors, including those briefly described in section II of this proposed rule. Within the requirements of NFPA 13, there are numerous variables that can impact the purchase and installation costs for a facility. Each facility has different needs that must be addressed when purchasing and installing a sprinkler system, and this cost estimate cannot address each particular need or combination of needs. Therefore, we are basing our cost estimates not on the individual requirements of NFPA 13 for an individual facility, but on a bundled purchase and installation estimate for an average facility, as described below. Individual facilities may have costs

above or below those of this average facility due to facility size and facility-specific sprinkler system needs. Long term care facilities that are based in other health care facilities, such as hospitals, would be required by this proposed rule only to have sprinklers in the long term care facility section of the building. Therefore, we do not believe that facility-based long term care facilities would have different installation costs than freestanding facilities with similar resident bed and square footage numbers.

We estimate that it would cost between \$4.10 and \$6.15 per square foot to purchase and install a sprinkler in an existing facility, with an average cost of \$5.50 per square foot. According to the *Architects, Contractors, Engineers Guide to Construction Costs, 2004 Edition* by Design and Construction Resources, purchasing and installing sprinklers in new long term care facilities costs \$2.05 per square foot. This cost estimate incorporates all contractor costs such as labor, materials, and a 20 percent overhead fee; 35 percent taxes and insurance on labor, equipment, and tools; and 5 percent sales tax.

Although we recognize that capital and interest costs may increase the cost of purchasing and installing automatic sprinkler systems in long term care facilities, these costs are not included in our estimates. Due to the individual circumstances of each facility, unknown future interest rates, and various other factors, we are unable to accurately estimate the capital and interest costs of installing sprinkler systems. Therefore, we have chosen to exclude these costs from our estimates while acknowledging that they do exist and will play a role to some degree in the decisions of long term care facilities that would be affected by this proposed rule.

Renovation costs are typically two to three times higher than new construction costs because installing the sprinkler system must be completed in a piecemeal fashion while the building remains occupied. This increases the length of the construction time and,

thus, increases its costs. In addition, renovations to add sprinkler systems often require upgrading or adding related building components such as water lines and fire pumps. The upgrades and additions require more capital investment and construction time. Increased investment and construction time also increases costs.

For purposes of this impact analysis, we assume that renovating a typical facility to add sprinklers would cost approximately 2.5 times more than purchasing and installing sprinklers in new long term care facilities. We do not have a specific source for this assumption; therefore, we have also included cost estimates for facilities that would pay \$4.10 per square foot (2 times the cost of installing sprinklers in new construction) and \$6.15 per square foot (3 times the cost of installing sprinklers in new construction).

Cost Estimates

The cost estimates for both unsprinklered and partially sprinklered facilities are presented in the following tables. They are based on all of the above-described estimates about the number of facilities that would be affected, the sizes of those facilities, and the installation costs per square foot. We note again that the number of facilities that would be affected by this rule changes based on the length of the phase-in period because fewer facilities would be naturally replaced or remodeled during a 7-year or 5-year phase-in than during a 10-year phase-in. Therefore, as the phase-in time is shortened, more facilities would be affected by this rule, increasing the estimated cost impact of this proposed rule.

Based on the above-described estimates and figures, we estimate that an unsprinklered facility meeting the following size specifications would have the following costs to comply with the installation requirements of this proposed regulation. (See table 5)

TABLE 5.—TOTAL INSTALLATION COST PER UNSPRINKLERED FACILITY

	\$4.10 per square foot	\$5.50 per square foot	\$6.15 per square foot
> 50 beds (24,500 square feet)	\$100,450	\$134,750	\$150,675
50–99 beds (37,000 square feet)	151,700	203,500	227,550
100–199 beds (74,500 square feet)	305,450	409,750	458,175
<199 beds (100,000 square feet)	410,000	550,000	615,000
Total cost for 515 facilities (10 year phase-in)	105,185,500	141,102,500	157,778,250
Total cost for 556 facilities (7 year phase-in)	113,510,550	152,270,250	170,265,825
Total cost for 583 facilities (5 year phase-in)	118,941,000	159,555,000	178,411,500

We estimate that a partially
sprinklered facility meeting the

following size specifications would
have the following costs to comply with

the installation requirements of this
proposed regulation. (See table 6)

TABLE 6.—TOTAL INSTALLATION COST PER PARTIALLY SPRINKLERED FACILITY

	\$4.10 per square foot	\$5.50 per square foot	\$6.15 per square foot
> 50 beds (18,375 square feet)	\$75,338	\$101,063	\$113,006
50–99 beds (27,750 square feet)	113,775	152,625	170,663
100–199 beds (55,875 square feet)	229,088	307,313	343,631
More than 199 beds (75,000 square feet)	307,500	412,500	416,250
Total cost for 1,947 facilities (10 year phase-in)	372,868,849	500,189,749	541,842,556
Total cost for 2,093 facilities (7 year phase-in)	400,825,249	537,692,224	582,472,102
Total cost for 2,190 facilities (5 year phase-in)	419,309,099	562,487,624	609,342,841

Based on the different installation
costs and phase-in lengths presented in
this section, we estimate that the

combined installation cost for all
impacted long term care facilities
(unsprinklered *and* partially

sprinklered) would range from
\$478,054,349 to \$787,754,341. (See table
7)

TABLE 7.—TOTAL INSTALLATION COST FOR ALL FACILITIES

	\$4.10 per square foot	\$5.50 per square foot	\$6.15 per square foot
Total cost for 2,462 facilities (10 year phase-in)	\$478,054,349	\$641,292,249	\$699,890,806
Total cost for 2,649 facilities (7 year phase-in)	514,339,799	689,962,474	752,787,927
Total cost for 2,773 facilities (5 year phase-in)	538,250,099	722,042,624	787,754,341

As stated earlier, we do not expect
long term care facilities to have funds
immediately available to purchase and
install sprinklers. Therefore, we propose
to allow a phase-in period of
undetermined length to help mitigate
the cost of installing sprinklers by
allowing facilities time to reprioritize
and redistribute resources.

For illustrative purposes only, we
have estimated the annual costs of this
proposed rule for 10, 7, and 5-year

phase-in periods. While we would
encourage all facilities to immediately
begin the process of purchasing and
installing sprinklers, we understand that
some facilities would choose to wait
until the very end of a phase-in period
to begin this process. Therefore, we
expect that the full cost of this proposed
rule would be distributed over a period
of several years as facilities nationwide
would likely stagger their installation

schedules to meet their individual
needs and circumstances.

The following tables show the
estimated annual installation costs for
the phase-in periods based on the
estimated total cost figures shown in
table 7. The annual installation cost
estimates have been discounted at 3 and
7 percent in order to compare the cost
in today's dollars to the cost in future
dollars.

TABLE 8.—ANNUAL COSTS OVER ALL PHASE-IN PERIODS

[In millions]

	\$4.10 per square foot	\$5.50 per square foot	\$6.15 per square foot
10 year phase-in	47.81	64.1	69.96
7 year phase-in	73.48	98.6	107.53
5 year phase-in	107.65	144.4	157.55

Maintenance

After installing an approved, supervised automatic sprinkler system in accordance with the 1999 edition of NFPA 13 throughout the building, all long term care facilities would be required to test, inspect, and maintain their sprinkler systems in accordance with the 1998 edition NFPA 25. We estimate that long term care facilities would conduct quarterly inspections of their sprinkler systems and annual trip tests. We assume that each inspection will take 4 hours to complete, at a cost of \$150 per inspection. We also assume that each trip test would take 6 hours, at a cost of \$250. Based on these assumptions, we estimate that long term care facilities would spend \$850 annually to test and inspect their sprinkler systems. In addition, we assume that long term care facilities will spend an additional \$150 annually to perform any necessary maintenance duties.

Individuals who perform these testing, inspection, and maintenance duties would have to be properly trained and, in some States and local jurisdictions, they would have to be licensed. Generally, long term care facilities would not have enough sprinkler system work needs to directly employ someone with the necessary skills, training, and licensure. Therefore, we believe that long term care facilities would likely contract with another company to meet their testing, inspection, and maintenance needs. In addition to actually conducting the necessary testing, inspection, and maintenance activities, we believe that the contract would also include a provision that the contractor prepares adequate documentation of the activities conducted. We estimate that the total cost of meeting these requirements would be \$1,000 ($\150×4 quarterly inspections = \$600 + \$250 annual trip test + \$150 general maintenance costs = \$1,000).

In addition, all long term care facilities that would be affected by this proposed regulation would be required to maintain documentation of all inspection, maintenance, and testing activities. The burden associated with these requirements is estimated to be 1 hour per long term care facility. Therefore, we estimate it would take 2,462 total annual hours ($1 \text{ hour} \times 2,462$ estimated affected long term care facilities) to meet this requirement. This documentation maintenance requirement would cost an affected facility \$19 a year, based on an hourly rate of \$19 for an office employee ($\$19 \text{ per hour} \times 1 \text{ hour}$). The total annual cost

of this proposed documentation requirement would be \$46,778 ($\$19 \text{ per facility} \times 2,462 \text{ facilities}$).

This estimated cost would be offset by the elimination of the cost of maintaining smoke alarms. Section 483.70(a)(7)(ii) requires long term care facilities that did not have sprinklers installed throughout their building to have a program for testing, maintenance, and battery replacement to ensure the reliability of smoke alarms in their facilities.

However, § 483.70(a)(7)(iii)(b) exempts long term care facilities from this smoke alarm maintenance requirement if their facilities have sprinkler systems throughout their building that are installed, tested, and maintained in accordance with NFPA 13. Therefore, long term care facilities that install and maintain sprinkler systems in accordance with this proposed regulation would be exempt from the existing requirement to maintain their smoke alarms. Due to the fact that all long term care facilities would be exempt from this smoke alarm requirement upon the phase-in date of a final regulation, we plan to add a sunset date to the smoke alarm requirement upon finalization of this sprinkler regulation. Based on the cost estimates published in "Fire Safety Requirements for Certain Health Care Facilities; Amendment" (70 FR 15229, March 25, 2005), we estimate that this exemption would save an average long term care facility that was affected by the smoke alarm requirement \$2,800 annually. This results in a net savings of \$1,800 annually (\$2,800 savings from not maintaining smoke alarms – \$1,019 cost of maintaining sprinklers = \$1,781 net savings).

C. Alternatives Considered

1. Maintain Current Fire Safety Requirements

We currently require long term care facilities to comply with the fire safety requirements in the LSC. In addition, we currently require long term care facilities that do not have sprinklers installed throughout the building to have and maintain at least battery operated smoke alarms in resident rooms and public areas. We believe that these requirements are a solid foundation for ensuring that all long term care facility residents are protected from the threat of fire.

We also believe that these current measures do not go far enough to protect long term care facility residents. Both the Hartford and Nashville facilities were in substantial compliance with the LSC, yet both facilities experienced

severe fires with large numbers of fatalities.

The smoke alarm requirement that we published in the **Federal Register** on March 25, 2005 (70 FR 15229) after these fires was a step toward improving fire safety and avoiding another devastating fire. Unfortunately, smoke alarms can only warn facility staff and residents of the fire. They cannot suppress a fire or prevent it from spreading to other areas.

Long term care facility residents often have multiple or severe health problems that complicate the facility's ability to ensure their safety in the event of a fire. For example, frail elderly residents may rely on facility staff to assist them in transferring and otherwise moving about the facility. These types of residents are unable to independently protect themselves from the threat of fire by moving away from the danger. They are dependent on facility staff, who are also responsible for ensuring the safety of dozens of other residents. A rapidly growing fire can overwhelm both the staff and residents, leading to tragic consequences.

However, a properly designed, installed, and maintained sprinkler system effectively prevents a fire from spreading to other areas and overwhelming the staff and residents. Containing a fire reduces the threat to residents in other portions of the building and allows facility staff to focus their energy on the area that is most affected by the fire, without worry about the fire spreading to other areas and threatening other residents. Sprinkler systems have consistently served this function for many years, and they are commonly recognized as the single most effective fire safety device currently available.

Given the past success of sprinkler systems and their potential for saving lives in the future, we believe that maintaining the existing fire safety requirements without adding sprinkler requirements does not ensure the safety of long term care facility residents to the greatest extent possible.

In addition, maintaining the existing fire safety requirements would have left decisions regarding more stringent fire safety measures in the hands of State and local governments. State and local governments have, in the past, made very different decisions about fire safety requirements in long-term care facilities. For example, some States, such as Tennessee and Virginia, already require all long-term care facilities to have sprinklers throughout their buildings. In contrast, other States, such as Arkansas and Nebraska, do not have such requirements, resulting in 25 percent or

more of their long-term care facilities completely lacking sprinklers. This level of variability is not acceptable because residents of long-term care facilities should be assured the same minimum level of fire safety regardless of what State or locality they reside in. Federal regulation is the most efficient and expedient manner for achieving the goal of uniform nationwide minimum fire safety standards; therefore, we chose to pursue Federal regulation rather than depending on State and local governments.

2. Exempt Small Facilities

The Medicare Conditions of Participation are the minimum requirements that providers are required to meet in order to be Medicare and Medicaid certified. Many other standards setting organizations have requirements that go beyond what Medicare and Medicaid require. Facilities may choose to strive for these higher standards, although Medicare and Medicaid do not require them to do so.

Exempting any facility from this proposed minimum requirement would be a disservice to the residents of that facility. Residents deserve to be safe from the threat of fire, whether they reside in a large facility or a smaller one. The proposed sprinkler requirement would ensure that, regardless of the size or location of their residence, all residents are protected by the same basic minimum fire safety requirements.

We believe that a phase-in period would help to mitigate the costs of installing sprinklers for small facilities while ensuring that all residents are protected by the same minimum requirements. Therefore, we are not proposing to exempt small facilities from this requirement.

3. Require Immediate Compliance

Requiring immediate compliance with the proposed condition would, we believe, be a hardship for affected long term care facilities. Designing a sprinkler system, purchasing it, installing it, and testing it all require a significant amount of time. The typical 60-day delay in the effective date of a regulation would not be sufficient time to complete the entire sprinkler process. For this reason, we have chosen not to require immediate compliance. Instead, we believe that it is appropriate to propose a several-year phase-in period for this regulation.

We are specifically requesting public comments and suggestions regarding the length of a phase-in period in section II.B of this proposed rule.

D. Conclusion

For these reasons, we are not preparing analyses for the RFA because we have determined that this rule would not have a significant economic impact on small entities because the estimated cost of the proposed regulation would account for less than 1 percent of an affected facility's revenue over, for example, a 7-year or 10-year period.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

List of Subjects in 42 CFR Part 483

Grant programs—health, Health facilities, Health professions, Health records, Medicaid, Medicare, Nursing homes, Nutrition, Reporting and recordkeeping requirements, Safety.

For the reasons set forth in the preamble, the Centers for Medicare and Medicaid Services proposes to amend 42 CFR chapter IV as set forth below:

PART 483—REQUIREMENTS FOR STATES AND LONG-TERM CARE FACILITIES

1. The authority citation for part 483 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

Subpart B—Requirements for Long-Term Care Facilities

2. In § 483.70, add new paragraph (a)(7)(iv) and new paragraph (a)(8) to read as follows:

§ 483.70 Physical environment.

(a) * * *

(7) * * *

(iv) The terms of paragraph (a)(7) of this section shall remain effective through the date specified at paragraph (a)(8)(i) of this section.

(8) A long term care facility must:

(i) Install an approved, supervised automatic sprinkler system in accordance with the 1999 edition of NFPA 13, *Standard for the Installation of Sprinkler Systems*, as incorporated by reference, throughout the building by phase-in date to be determined. The Director of the Office of the Federal Register has approved the NFPA 13 1999 edition of the Life Safety Code, issued July 22, 1999 for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records

Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269.

(ii) Test, inspect, and maintain an approved, supervised automatic sprinkler system in accordance with the 1998 edition of NFPA 25, *Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems*, as incorporated by reference. The Director of the Office of the Federal Register has approved the NFPA 25 1998 edition of the Life Safety Code, issued January 16, 1998 for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269.

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: September 23, 2005.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

Approved: July 3, 2006.

Michael O. Leavitt,

Secretary.

[FR Doc. E6-17911 Filed 10-26-06; 8:45 am]

BILLING CODE 4120-01-P

Appendix E
ALF and RCF Fire Safety Reference Sheet

Facility Type	Individual evac plan	Complete Fire Alarm System	Fire Alarm Must transmit to Fire Dept.	Automatic sprinkler in compliance with NFPA 13 or 13R	Muti-level facility must comply with NFPA 13	Licensed for more than 20 residents, not fire resistant construction and res. residing above 1 st floor needs sprinkler system	Automated fire door system and smoke alarms	Each floor divided into two smoke sections	Smoke Separation for each floor when licensed for more than 20 residents	Smoke detectors or complete fire alarm for more than 20 res.
ALFs with Option 3	X	X	X	X	X		X	X		
ALFs with Option 2	Refer to licensure date to determine which RCF II fire safety requirements to meet.									
ALFs built or major renovations on 8/28/06 or later		X	X	X	X			X		
RCFs licensed on or after 10/2000				X		X			X	X
RCFs Licensed After 12/31/87						X			X	X
RCFs previously licensed as RCF I prior to 11/13/80 through 12/31/87				X If not of fire rest. constr., housing res. above 3 rd floor						X
RCFs previously licensed as RCF II prior to 11/13/80 through 12/31/87		X		X If not of fire rest. constr., housing res. above 2 nd floor						

Appendix F

DISASTER PREPAREDNESS PLAN *Template for use in* *LONG TERM CARE FACILITIES*

-----DRAFT-----

Adopted: _____

1st Annual Review Date: _____ Completed: _____

2nd Annual Review Date: _____ Completed: _____

3rd Annual Review Date: _____ Completed: _____

4th Annual Review Date: _____ Completed: _____

Note: This template has been prepared as a tool to assist long term care facilities in developing a comprehensive disaster preparedness plan. Facilities may use any/all of this template in order to enhance their current emergency plan. Additionally, the Missouri

Department of Health and Senior Services has prepared a video

“Ready-in-3: The ABC’s of Emergency Preparedness for Adult Care Facilities” which may be ordered by calling 573/526-4768.

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LONG TERM CARE FACILITIES

INTRODUCTION

During the past several years some of the costliest disasters of this century have occurred in the United States resulting in countless deaths and injuries. Missourians have felt the effects of floods, ice storms, grass fires, tornadoes, industrial accidents, power outages, heat/cold waves and have also been touched by the bombing and other terrorist attacks of federal buildings.

Preparing for disasters is not new to long term care facilities; being prepared by having a comprehensive disaster preparedness plan, practicing for disasters in your facilities and updating your plan frequently can help save lives and reduce injuries.

This template is applicable to any long term care facility including Skilled Nursing Facility, Assisted Living Facility, Residential Care Facility, Nursing Homes, Intermediate Care Facilities for the Mentally Retarded and Adult Day Care programs.

OBJECTIVE

The Missouri Department of Health and Senior Services Disaster Preparedness Task Team has developed this DISASTER PREPAREDNESS PLAN template for Long Term Care Facilities. This plan is provided as a courtesy and recipients are welcome to utilize the plan in full (by simply filling in the blanks) or alter the plan to suit the facility's individual needs.

This plan is designed as a resource tool to assist in the development and implementation of a disaster preparedness plan within your organization or agency. Specific compliance requirements addressed in this plan have been researched to the best of our ability through state and local agencies. Once in place, it is recommended that the plan be reviewed and updated on a routine basis to ensure accuracy.

If you have any questions about the plan please contact the Department of Health and Senior Services, Long Term Care Planning and Development Unit, (573) 526-8570.

I. PURPOSE

To provide guidance to _____ on
(Long Term Care Facility Name)
emergency policies and procedures to protect the lives and property of residents, staff and visitors.

II. SITUATION AND ASSUMPTIONS

A. Situation

1. The State of Missouri is vulnerable to natural and technological disasters.
2. Residents of this facility require special emergency consideration in planning for disasters or emergencies and in ensuring safety.

B. Assumptions

1. The possibility exists that an emergency/disaster may occur at any time.
2. In the event an emergency exceeds the facility's capability, external services and resources may be required.
3. Local, state and federal departments and agencies may provide assistance necessary to protect lives and property.
4. It is the responsibility of the Department of Health and Senior Services (DHSS) to inspect the facility for compliance with published safety guidelines.
5. The local Emergency Management Agency is available to assist in writing and reviewing the facility's emergency action plan. Contact the Missouri State Emergency Management Agency (SEMA) at 573-526-9100 to locate your city or county Emergency Management Director.
6. Based on authority, the DHSS is responsible for the annual review and inspection of fire safety plans and procedures. The DHSS is responsible for the annual inspection of the facility for compliance with all state and federal statutes and regulations. The facility's plan will be reviewed at these inspections.

III. CONCEPT OF OPERATIONS

Because the state is subject to the adverse effects of natural or technological disasters, the facility administrator should develop and revise, in coordination with the DHSS, the Office of the State Fire Marshal and the local Emergency Management Director or public health department, an emergency action plan capable of providing for the safety and protection of residents, staff and visitors. Procedures should be developed to insure that residents who are cognitively impaired, physically impaired, hearing impaired, speech impaired, or have English as a second language are properly informed and alerted as necessary. This plan can be effective for either internal or external emergencies.

A. Pre-Emergency

The primary focus of this phase is on the development, revision, testing and training of the emergency action plan.

1. Review, exercise and re-evaluate existing plans, policies and procedures.
2. Coordinate plans with the local emergency management agency and provide input into the county's emergency plans. A Memorandum of Understanding, or Mutual Aid Agreement should be in place. Be aware that other facilities in your area may have contracts/agreements with the same companies. Ensure that the companies will be able to provide the needed supplies.
3. Review and update inventory /resource lists. **(See TAB F)**
 - a. Ensure the availability of manpower needed to execute emergency procedures.
 - b. Work with the local Emergency Management Director, in locating resources.
 - c. Identify staff needing transportation and arrange for provision of this service.
4. Determine communication system. (e.g., cellular phones and fax machines may offer the best means in the event of a power loss. A supply of quarters and accessibility to a pay phone may serve as a reasonable alternative.)
5. Ensure the availability and functioning of facility emergency warning system.
6. Test reliability of emergency telephone roster for contacting emergency personnel and activating emergency procedures.
7. Develop procedure for testing generators and equipment supported by emergency generators.
 - a. Recommend a 5-day supply of emergency fuel and establish an agreement for delivery with a supplier.

- b. If you require delivery of a generator, make sure you allow time to hire an electrician that will assist in installing it. You will also need to determine what the generator will power.
 - c. If you already have a generator, ensure you know what the generator powers. Activate the generator under load according to National Fire Protection Association (NFPA) requirements and state regulations.
 - d. Document all testing procedures.
- 8. Ensure a 5 day supply of food and water for residents and staff.
 - a. Arrange for a private contact to supply back-up resources.
 - b. Contact the local Emergency Management Director, for assistance in establishing a private contact, as needed.
- 9. Schedule employee orientation training and in-service training programs on the operations of the emergency plan.
- 10. Enhance emergency education.
 - a. Distribute personal preparedness checklists identified in **TAB D** (Fire Safety; Natural Disasters; Water/Electrical Outage; Bomb Threat; Missing Resident)
 - b. Post display of evacuation routes, alarm and fire extinguisher locations and telephone numbers of emergency contacts.
 - c. Provide demonstrations on warning systems and proper use of emergency equipment for the staff, residents and resident families.
- 11. Conduct, at a minimum, twelve unannounced fire drills per year. Check fire regulations in your community for local, federal and state compliance requirements.
 - a. One drill is required per quarter for each shift at varied times.
 - b. Document each drill, instruction or event to include date, content and participants involved. Identify and document any problems associated with the drill.
- 12. It is recommended that, at a minimum, annual unannounced drills exercising all aspects of the emergency action plan be conducted. Document drills with critiques and evaluations.
- 13. Develop and maintain Standard Operating Procedures including procedures and tasking assignments, resources, security procedures, personnel call down lists and inventories of emergency supplies. Include section designating staff, space and food provision for the facility's use as a shelter for the external population.

14. _____(*location*) Consider designating a Crisis Command Post (CCP) location to serve as the focal point for coordinating operations and _____(*location*) is designated as an alternate location outside the facility for use if evacuation is necessary. If possible there should be at least two direct outside lines in the command post and multiple copies of emergency telephone numbers (home, beeper and cellular numbers of staff, community, additional key personnel; and state agency).
15. Ensure all staff are trained in the content of the disaster plan to execute the activities of the Command Post. All staff should know the location of the Disaster Preparedness Plan.
16. Plan for Evacuation and Relocation of residents

Describe the policies, role responsibilities and procedures for the evacuation of residents from the facility. (See the **Supplement to Disaster Preparedness Tasks, page 14**)

- a. Identify the individual responsible for implementing facility evacuation procedures.
- b. Identify residents who may require skilled transportation (provided by local jurisdiction resources).
- c. Determine the number of ambulatory and non-ambulatory residents including residents who may need more than minimal assistance to safely evacuate (including Hospice) and assure staff are familiar with individual evacuation plans for those residents.
- d. Identify transportation arrangements made through mutual aid agreements or Memorandum of Understandings that will be used to evacuate residents (Copies of the agreements should be attached as annexes).
- d. Describe transportation arrangements for logistical support to include moving records, medications, food, water, and other necessities (Copies of the agreements should be attached as annexes).
- f. Identify facilities and include in the plan a copy of the mutual aid agreement that has been entered into with a facility to receive residents/patients (Copies of the agreements should be attached as annexes).
- g. Identify evacuation routes that will be used and secondary routes should the primary route be impassable.
- h. Specify the amount of time it will take to successfully evacuate all patients/residents to the receiving facility.

- i. Specify the procedures that ensure facility staff will accompany evacuating residents/patients and procedure for staff to care for residents after evacuation.
- j. Identify procedures that will be used to keep track of residents once they have been evacuated to include a log system.
- k. Determine what and how much should each resident take.
- l. Plan for the evacuation of pets and service animals (see Tab O).
- m. Recommend a minimum of a 5-day stay, with provisions to extend this period of time if the disaster is of catastrophic magnitude.
- m. Establish procedures for responding to family inquiries about residents who have been evacuated.
- n. Establish procedures for ensuring all residents are accounted for and are out of the facility.
- o. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.
- p. Specify at what point the mutual aid agreements for transportation and the notification of alternative facilities will begin.

Mutual Aide Agreements

Mutual-aid agreement content will vary but items to consider addressing include the following provisions:

- Definitions of key terms used in the agreement;
 - Roles and responsibilities of individual parties;
 - Procedures for requesting and providing assistance;
 - Procedures, authorities, and rules for payment, reimbursement, and cost allocation;
 - Notification procedures;
 - Protocols for interoperable communications;
 - Relationships with other agreements among jurisdictions;
 - Workers compensation;
 - Treatment of liability and immunity;
 - Recognition of qualifications and certifications; and
 - Sharing agreements, as required.
17. Identify community resources such as volunteers, churches, clubs and organizations, emergency medical services, law enforcement, fire departments, businesses, hospitals and local government departments/agencies.
18. Establish a plan for donations management. Delineate what is needed, where items will be received and stored and who will manage donation management operations.

B. Preparedness

Upon receipt of an internal or external warning of an emergency, the facility administrator or appropriate designee(s), should:

1. Notify staff in charge of emergency operations to initiate the disaster plan; advise personnel of efforts designed to guarantee resident safety. (See **TAB A** for Notification Checklist and **TAB B** for Emergency Call-Down Roster)
2. If potential disaster is weather related, closely monitor weather conditions and update department directors, as necessary.
3. Inform key agencies of any developing situation and protective actions contemplated.
4. Review the Disaster Preparedness Plan including evacuation routes with staff and residents.
5. Prepare the _____ (*designated area*) for Command Post operations and alert staff of impending operations.
6. Receive calls from families; coordinate dissemination of messages.
7. Control facility access.
8. Confirm emergency staff availability and facilitate care of their families.
9. Pre-arrange emergency transportation of non-ambulatory residents (dialysis residents, etc.) and their records.
10. Check food and water supplies.
11. Store a supply of radios (recommend NOAA- National Oceanic and Atmospheric Administration weather radios) and flashlights. The NOAA Weather Radio broadcasts National Weather Service warnings, watches, forecasts and other hazard information 24 hours a day. The Weather Radios are equipped with a special alarm tone feature to sound an alert and give immediate information about a life threatening situation. Secure loose outdoor furniture and keep vehicles fueled (A 2 ½ tank reserve is recommended).
12. Coordinate with local authorities/agencies and private contacts to confirm availability of resources, including medical services, response personnel, etc.
13. Confirm transportation agreements with Emergency Medical Services agencies, tour bus companies or private individuals for buses or other emergency vehicles. (Check with your local and state emergency management office for examples.)

14. Have a plan in place for pharmaceuticals with _____ (*pharmacy name*) and an alternate source to determine emergency operations in the event of halted deliveries or need for backup.
15. Warn staff and residents of the situation and expedient protective measures. Schedule extended shifts for essential staff; alert alternate personnel to be on stand-by.
16. Remain calm, reassure residents to minimize fear and panic.

C. Response

In response to an actual emergency situation, the facility administrator will coordinate the following actions:

1. Complete the actions of Pre-emergency and Preparedness outlined above.
2. Activate the Disaster Preparedness Plan and conduct Command Post operations involving communications, message control and routing of essential information.
3. Coordinate actions and requests for assistance with local jurisdiction emergency services and the community.
4. Determine requirements for additional resources and continue to update appropriate authorities and/or services.
5. Ensure communication with residents' families and physicians.
6. Ensure prompt transfer of resident records.

D. Recovery

Immediately following the emergency situation, the facility administrator should take the provisions necessary to complete the following actions.

1. Coordinate recovery operations with the local Emergency Management Agency and other local agencies to restore normal operations, to perform search and rescue and to re-establish essential services.
2. Provide crisis counseling for residents/families as needed.
3. Provide local authorities a master list of displaced, missing, injured or dead and notify the next-of-kin.
4. Provide information on sanitary precautions for contaminated water and food to staff, volunteers, residents and appropriate personnel.
5. If necessary, arrange for alternate housing or facilities.

IV. ORGANIZATION AND RESPONSIBILITIES

The facility administrator is responsible for the overall direction and control of facility emergency operations, receiving requested assistance from the heads of each internal department, the local Emergency Management Agency, local Fire Department, private and volunteer organizations and various local and state departments and agencies. (See **TABLE** for Department Checklists)

Duties and activities that should be directed or assigned by the administrator:

1. Coordinate the activation and oversee the implementation of the disaster preparedness plans.
2. Direct operation of the Command Post.
3. Assign a coordinator for the delivery of resident medical needs.
4. Assign a coordinator accountable for residents and their records; and needed supplies.
5. Assign responsibility for maintaining safety of the facility grounds - securing necessary equipment and alternative power sources.
6. Review regularly the inventory of vehicles and report to administrative services.
7. Coordinate the emergency food services program.
8. Ensure availability of special resident menu requirements and assess needs for additional food stocks.
9. Assign a coordinator to ensure the cleanliness of all residents and provision of resident supplies for five days.
10. Coordinate the inspection of essential equipment (wet/dry vacuums) and protection of facility (lower blinds, close windows, secure loose equipment, etc.).
11. Provide security of facility/grounds and limit access to facility as necessary.
12. Coordinate provision of assistance to Maintenance and Housekeeping Departments.
13. Supervise notification of families on emergency operations.
14. Facilitate telecommunications and oversee release of information.

V. Authorities

A. Authorities

1. 42 CFR Ch IV, Part 483, Requirements for States and Long Term Care Facilities, 483.75, Administration: (m) Disaster and Emergency Preparedness.
2. 42 CFR Ch IV, Part 483, Requirements for States and Long Term Care Facilities, Subpart I Conditions of Participation for Intermediate Care Facilities for the Mentally Retarded, Sec. 483.470, Condition of participation: Physical environment; (h) Disaster and Emergency Preparedness.
3. 19CSR Chapters 85, 86 and 90., Regulations for Skilled Nursing Facilities, Intermediate Care Facilities, Residential Care Facilities, and Adult Day Care.

DRAFT Disaster Preparedness Plan Template for Long Term Care Facilities

Completed	This Supplement (Disaster Preparedness Tasks) may be used as a quick planning reference
	<p>Develop Emergency Plan: Gather all available relevant information when developing the emergency plan. This information includes, but is not limited to:</p> <ul style="list-style-type: none"> • Copies of any state and local emergency planning regulations or requirements • Facility personnel names and contact information • Contact information of local and state emergency managers • A facility organization chart • Building construction and Life Safety systems information • Specific information about characteristics/needs of individuals for whom care is provided
	<p>All Hazards Plan: Develop a plan for all potential hazards (floods, tornadoes, fire, bioterrorism, pandemic, etc.) that could affect the facility directly and indirectly within the particular area of location. Indirect hazards could affect the community but not the facility and as a result interrupt necessary utilities, supplies or staffing.</p>
	<p>Collaborate with Local Emergency Management Agency: Collaborate with local emergency management agencies to ensure the development of an effective emergency plan.</p>
	<p>Collaborate with Suppliers/Providers: Collaborate with suppliers and/or providers who have been identified as part of a community emergency plan or agreement with the health care facility, to receive and care for individuals. A surge capability assessment should be included in the development of the emergency plan. Similarly, evidence of a surge capacity assessment should be included if the supplier or provider, as part of its emergency planning, anticipates the need to make housing and sustenance provisions for the staff and or the family of staff.</p>
	<p>Analyze Each Hazard: Analyze the specific vulnerabilities of the facility and determine the following actions for each identified hazard:</p> <ul style="list-style-type: none"> • Specific actions to be taken for the hazard • Identified key staff responsible for executing plan • Staffing requirements and defined staff responsibilities • Recommend identification/maintenance of sufficient supplies/equipment to sustain operations and deliver care and services for at least 5 days • Communication procedures to receive emergency warning/alerts, and for communication with staff, families, individuals receiving care, before, during and after the emergency • Designate critical staff, providing for other staff and volunteer coverage and meeting staff needs, including transportation and sheltering critical staff members' family members
	<p>Decision Criteria for Executing Plan: Include factors to consider when deciding to evacuate or shelter in place. Determine who at the facility level will be in authority to make the decision to execute the plan to evacuate or shelter in place (even if no outside evacuation order is given) and what will be the chain of command.</p>
	<p>Communication Infrastructure Contingency: Establish contingencies for facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, ham radios, text messaging systems, National Oceanic Atmospheric Administration (NOAA) weather radios, etc.).</p>
	<p>Develop Shelter-in-Place Plan: Due to the risks in transporting vulnerable patients and residents, evacuation should only be undertaken if sheltering-in-place results in greater risk. Develop an effective plan for sheltering-in-place, by ensuring provisions for the following are specified:</p> <ul style="list-style-type: none"> • Procedures to assess whether facility is strong enough to withstand strong winds, flooding, etc. • Measures to secure the building against damage (plywood for windows, sandbags and plastic for flooding, safest areas of the facility identified. • Procedures for collaborating with local emergency management agency, fire, police and EMS agencies regarding the decision to shelter-in-place. • Recommend sufficient resources are in supply for sheltering-in-place for a minimum of 5 days, including: <ul style="list-style-type: none"> ▪ Ensuring emergency power, back-up generators and maintaining a supply of fuel ▪ An adequate supply of potable water (recommended amounts may vary by location) ▪ A description of the amounts and types of food in supply ▪ Maintaining extra pharmacy stocks of common medications ▪ Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment) • Identifying and assigning staff who are responsible for each task

Completed	This Supplement (Disaster Preparedness Tasks) may be used as a quick planning reference
	<ul style="list-style-type: none"> • Description of hosting procedures, ensuring 24-hour operations for minimum of 5 days • Contract established with multiple vendors for supplies and transportation • Develop a plan for addressing emergency financial needs and providing security.
	<p>Develop Evacuation Plan: Develop an effective plan for evacuation, by ensuring provisions for the following are specified:</p> <ul style="list-style-type: none"> • Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given) • Multiple pre-determined evacuation locations (contract or agreement) with a “like” facility have been established, with suitable space, utilities, security and sanitary facilities for individuals receiving care, staff and others using the location, with at least one facility being 50 miles away. A back-up may be necessary if the first one is unable to accept evacuees. • Evacuation routes and alternative routes have been identified, and the proper authorities have been notified Maps are available and specified travel time has been established • Adequate food supply and logistical support for transporting food is described. • The amounts of water to be transported and logistical support is described. • The logistics to transport medications is described, including ensuring their protection under the control of a registered nurse. • Procedures for protecting and transporting resident/patient medical records. • The list of items to accompany residents/patients is described. • Identify how persons receiving care, their families, staff and others will be notified of the evacuation and communication methods that will be used during and after the evacuation • Identify staff responsibilities and how individuals will be cared for during evacuation, and the back-up plan if there isn’t sufficient staff. • Procedures are described to ensure residents/patients dependent on wheelchairs and/or other assistive devices are transported so their equipment will be protected and their personal needs met during transit (e.g., incontinent supplies for long periods, transfer boards and other assistive devices). • A description of how other critical supplies and equipment will be transported is included. • Determine a method to account for all individuals during and after the evacuation (Example: Place an arm band or name tag on each resident prior to transport for identification purposes) • Procedures are described to ensure staff accompanies evacuating residents. • Procedures are described if a patient/resident becomes ill or dies in route. • Mental health and grief counselors are available at reception points to talk with and counsel evacuees. • It is described whether staff family can shelter at the facility and evacuate.
	<p>Transportation & Other Vendors: Establish transportation arrangements that are adequate for the type of individuals being served. Ensure that transportation vendors and other suppliers/contractors identified in the facility emergency plan have the ability to fulfill their commitments in case of disaster affecting an entire area (e.g., their staff, vehicles and other vital equipment are not “overbooked,” and vehicles/equipment are kept in good operating condition and with ample fuel.). Ensure the right type of transportation has been obtained (e.g., ambulances, buses, helicopters, etc).</p>
	<p>Train Transportation Vendors/Volunteers: Ensure that the vendors or volunteers who will help transport residents and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired and frail population and are knowledgeable on the methods to help minimize transfer trauma.</p>
	<p>Facility Reentry Plan: Describe who will authorize reentry to the facility after an evacuation, the procedures for inspecting the facility, and how it will be determined when it is safe to return to the facility after an evacuation. The plan should also describe the appropriate considerations for return travel back to the facility.</p>
	<p>Residents & Family Members: Determine how residents and their families/guardians will be informed of the evacuation, helped to pack, have their possessions protected and be kept informed during and following the emergency, including information on where they will be/go, for how long and how they can contact each other.</p>
	<p>Resident Identification: Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident:</p> <ul style="list-style-type: none"> • Name • Social security number

Completed	This Supplement (Disaster Preparedness Tasks) may be used as a quick planning reference
	<ul style="list-style-type: none"> • Photograph • Medicaid or other health insurer number • Date of birth, diagnosis • Current drug/prescription and diet regimens • Name and contact information for next of kin/responsible person/Power of Attorney) <p>Determine how this information will be secured (e.g., laminated documents, water proof pouch around resident's neck, water proof wrist tag, etc.) and how medical records and medications will be transported so they can be matched with the resident to whom they belong.</p>
	<p>Trained Facility Staff Members: Ensure that all facility staff members are trained to be knowledgeable and follow all details of the plan. Hold periodic reviews and appropriate drills and other demonstrations with sufficient frequency to ensure new members are fully trained.</p>
	<p>Informed Residents & Patients: Ensure residents, patients and family members are aware of and knowledgeable about the facility plan, including:</p> <ul style="list-style-type: none"> • Families know how and when they will be notified about evacuation plans, how they can be helpful in an emergency (example, should they come to the facility to assist?) and how/where they can plan to meet their loved ones. • Out-of-town family members are given a number they can call for information. Residents who are able to participate in their own evacuation are aware of their roles and responsibilities in the event of a disaster.
	<p>Check for needed provisions being delivered to the facility/residents--power, flashlights, food, water, ice, oxygen, medications – and urgent action is taken to obtain the resources and assistance they need.</p>
	<p>Determine the location of evacuated residents, document and report this information to the clearinghouse established by the state or partnering agency.</p>
	<p>Reviewed Emergency Plan: Complete an internal review of the emergency plan on an annual basis to ensure the plan reflects the most accurate and up-to-date information. Updates may be warranted under the following conditions:</p> <ul style="list-style-type: none"> • Regulatory change • New hazards are identified or existing hazards change • After tests, drills, or exercises when problems have been identified • After actual disasters/emergency responses • Infrastructure changes • Funding or budget-level changes
	<p>Conduct Exercises & Drills: Conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire plan:</p> <ul style="list-style-type: none"> • Exercises or drills must be conducted at least semi-annually • Corrective actions should be taken on any deficiency identified
	<p>Loss of Resident's Personal Effects: Establish a process for the emergency management agency representative (FEMA or other agency) to visit the facility to which residents have been evacuated, so residents can report loss of personal effects.</p>

TAB A
NOTIFICATION PROCEDURES

I. Warning Systems

External Receipt of Warning

National Oceanic and Atmospheric Administration (NOAA)

Local government authorities should issue warning of a disaster by mass media (radio and television).

Internal

An internal warning of an emergency should come from the facility's Administrative Services and should be disseminated to staff, residents and visitors by _____ . (intercom, alarm system)

In the event of a power failure, the alternate alert/warning system shall be _____ .

II. Communications Procedures

All calls shall be routed through the Command Post.

Completed Initials

1. Alert staff, residents and visitors of emergency.
2. Call off-duty staff from emergency call-down roster.
3. Notify appropriate authorities. These authorities include:

_____ a. Local Fire Department
 # _____

_____ b. Local Emergency Mgmt Agency
 # _____

_____ c. Department of Health & Senior Services
800/ 392-0210

_____ d. Resident physicians and families

ATTACH LIST (PHYSICIANS, FAMILY NAMES AND NUMBERS)

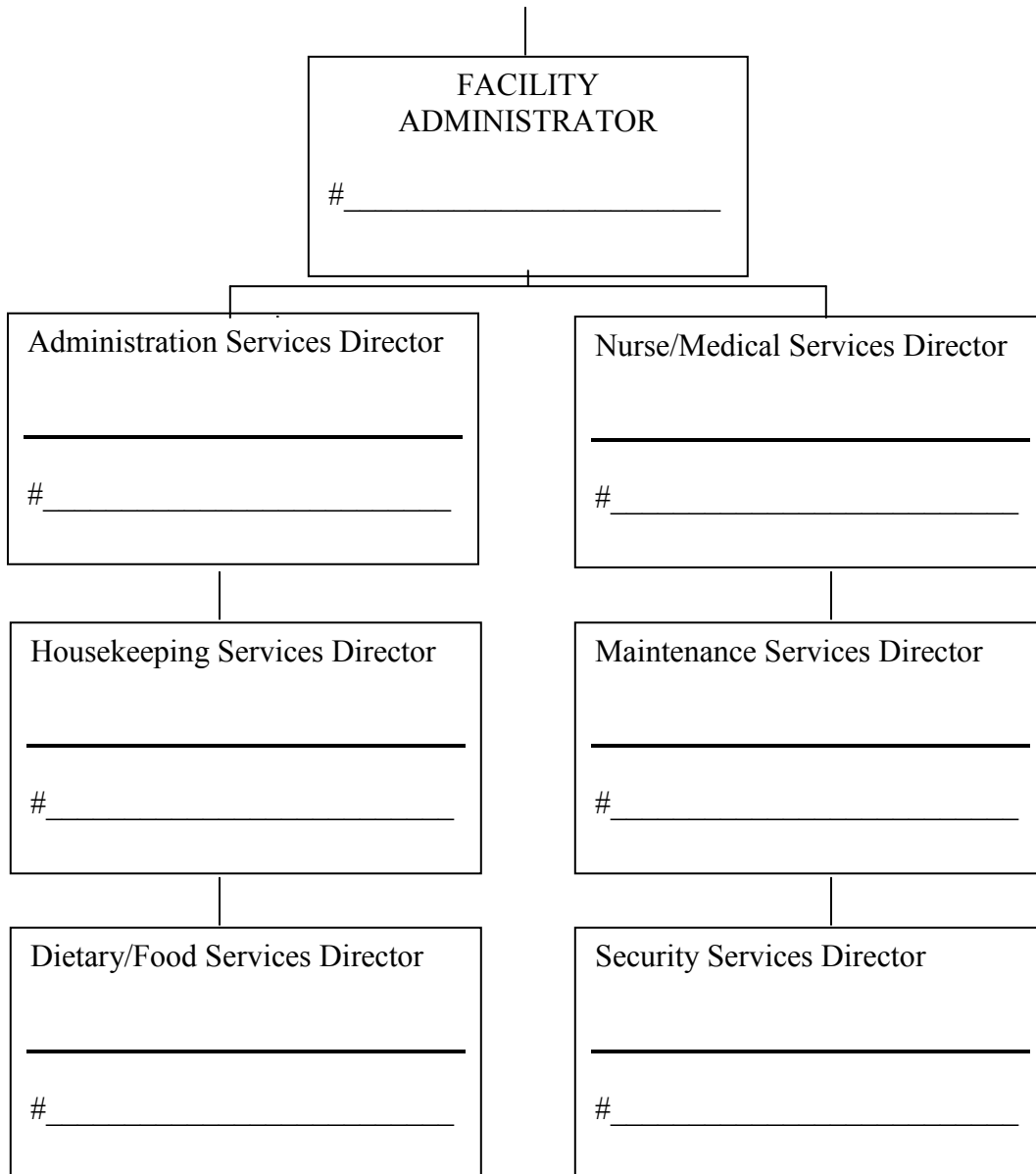
- _____ 4. Keep authorities updated on emergency operations.

 Signature

 Date

TAB B**EMERGENCY CALL-DOWN ROSTER**

<u>EMERGENCY SERVICES</u> (i.e. 911, Fire Department, Police Department, EMS)	
Fire: #	_____
Police: #	_____
Ambulance: #	_____
Other: #	_____



Use additional pages as needed

TAB C**EMERGENCY CHECKLIST**
EVACUATION PROCEDURES

NOTE: It is recommended that two types of evacuation procedures be developed. These include internal evacuation procedures (sheltering in place) and external evacuation procedures.

DATE: _____ TIME: _____

Completed Initials

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Identify and plainly designate marked exits, evacuation routes, and alternatives on master floor plan for both internal and external evacuations. |
| | | <ul style="list-style-type: none"> ✓ Plan safe routes - avoid wooden stairs, open stairwells, boiler rooms, windows, etc. ✓ Assign handicapped, impaired or non-ambulatory residents to ground floor rooms, close to exits. ✓ Designate facility compartments for internal evacuation and for planning the safest external evacuation routes. |
| _____ | _____ | 2. Inform staff/residents on exit locations and evacuation procedures. |
| _____ | _____ | 3. <u>KEEP RESIDENTS CALM.</u> |
| _____ | _____ | 4. Evacuate residents in orderly fashion, according to physical condition. (Use residents' individual evacuation plans if appropriate.) Place a nametag on each resident for identification purposes. |
| | | <ul style="list-style-type: none"> ✓ Ambulatory ✓ Wheelchair ✓ Bedfast residents |
| _____ | _____ | 5. Search bathrooms, laundry room, storage closets/vacant rooms for stranded residents, visitors or staff and assist in their evacuation. |
| _____ | _____ | 6. Clear corridors of any obstructions such as carts, wheelchairs, etc. |
| _____ | _____ | 7. Turn off electrical appliances. |
| _____ | _____ | 8. Recount residents to assure no missing residents. |
| _____ | _____ | 9. Remove resident records. |

Signature

Date

TAB D
EMERGENCY CHECKLISTS
SPECIFIC DISASTERS/INCIDENTS
FIRE SAFETY

If prepared, insert completed Fire Plan in this TAB

DATE: _____ TIME: _____

Completed Initials

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Post location of fire alarms. |
| _____ | _____ | 2. Post location of fire extinguishers. |
| _____ | _____ | 3. Train employees on use of alarm system and extinguishers. |
| _____ | _____ | 4. Post directions on how to utilize emergency equipment. |
| | | 5. Follow RACE procedures: |
| _____ | _____ | R:Rescue - Rescue residents in immediate danger. |
| _____ | _____ | A:Alarm - Sound nearest alarm if not already activated. |
| _____ | _____ | C:Confine - Close doors behind you to confine fire. Crawl low if exit route is blocked by smoke. |
| _____ | _____ | E:Extinguish - Utilize fire extinguisher as situation permits or; |
| _____ | _____ | Evacuate - Follow evacuation procedures |

Signature

Date

EMERGENCY CHECKLIST
NATURAL DISASTERS

Completed Initials

1. Severe Electrical Storms

- | | | |
|-------|-------|---|
| _____ | _____ | a. Relocate to inner areas of building as possible. |
| _____ | _____ | b. Keep away from glass windows, doors, skylights and appliances. |
| _____ | _____ | c. Refrain from using phones, taking showers. |
| _____ | _____ | d. Stay away from computers |

2. Tornado (WATCH ISSUED)

- | | | |
|-------|-------|--|
| _____ | _____ | a. Listen to local radio and TV stations for further updates. Check that radio batteries are available and charged |
| _____ | _____ | b. Be alert to changing weather conditions. |
| _____ | _____ | c. Secure equipment, outdoor furniture and articles act as projectiles. |
| _____ | _____ | f. Alert staff to the need for possible sheltering of residents |

Tornado (WARNING ISSUED)

- | | | |
|-------|-------|---|
| _____ | _____ | g. Seek shelter in designated area (i.e. safe room, basement, first floor interior hallways, restrooms or other enclosed small areas. |
| _____ | _____ | h. Check restrooms or vacant rooms for visitors or stranded residents and escort to shelter area. |
| _____ | _____ | i. Take position of greatest safety: |
| | | <ul style="list-style-type: none"> ✓ If possible, crouch down on knees with head down and hands locked at back of neck, or: ✓ Protect head/body with pillows or mattress. ✓ Bedridden residents, if unable to be moved to central corridors, should have window blinds or curtains closed and protected as much as possible. Additional blankets may be used as shields. |

3. Winter Storms

- _____ a. Secure facility against frozen pipes.
- _____ b. Check emergency and alternate utility sources.
- _____ c. Check emergency generator: Does it start? Is there fuel? What does it power.
- _____ d. Conserve utilities - maintain low temperatures, consistent with health needs.
- _____ e. Equip vehicles with chains and snow tires.
- _____ f. Keep sidewalks clear.

4. Flooding (External sources).

- _____ a. Shut off water main to prevent contamination.
- _____ b. Pack refrigerators/food lockers with dry ice.
- _____ c. Prepare to evacuate residents.

5. Flooding (Internal sources).

- _____ a. Turn off building electricity.
- _____ b. Move residents as required.

Signature

Date

EMERGENCY CHECKLIST
WATER/ELECTRICAL OUTAGE

DATE: _____ TIME: _____

Completed Initials

PREPAREDNESS:

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Recommend a five-day supply of food and water for residents and staff and a five-day supply of emergency fuel. |
| _____ | _____ | 2. Arrange for private contract to serve as an added back-up resource. |
| _____ | _____ | 3. Work with the Local Emergency Management Agency in establishing a back-up resource. |
| _____ | _____ | 4. Keep an accurate blueprint of all utility lines and pipes associated with the facility and grounds. |
| _____ | _____ | 5. Develop procedures for emergency utility shutdown. |
| _____ | _____ | 6. List all day and evening phone numbers of emergency reporting and repair services of all serving utility companies. |
| _____ | _____ | 7. List names and numbers of maintenance personnel for day and evening notification. |

RESPONSE - Electric Power Failure

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Call # _____ (power company). |
| _____ | _____ | 2. Notify the maintenance staff. |
| _____ | _____ | 3. Evacuate the building if danger of fire. |
| _____ | _____ | 4. Keep refrigerated food and medicine storage units closed to retard spoilage. |
| _____ | _____ | 5. Turn off power at main control point if short is suspected. |
| _____ | _____ | 6. Follow repair procedures. |

Completed Initials**RESPONSE - Water Main Break**

- _____ 1. Call # _____ (facility maintenance).
- _____ 2. Shut off valve at primary control point.
- _____ 3. Relocate articles which may be damaged by water.
- _____ 4. Call _____ (pre-designated assistance groups) if flooding occurs.

RESPONSE - Gas Line Break

- _____ 1. Evacuate the building immediately. Follow evacuation procedures.
- _____ 2. Notify maintenance staff, Administrator, local public utility department, gas company and police and fire departments. List all numbers here.
- _____ 3. Shut off the main valve.
- _____ 4. Open windows.
- _____ 5. Re-enter building only at the discretion of utility officials.

Signature_____
Date

EMERGENCY CHECKLIST
BOMB THREAT INSTRUCTIONS

Insert your local police department's telephone number below.* Notify your police department immediately after receiving a bomb threat. Do as the police department advises. Complete the form and give it to the Administrator, person in charge and/or police.

**QUESTIONS TO ASK DURING A
BOMB THREAT TELEPHONE CALL**

1. What kind of bomb is it? Time _____ Barometric Altitude _____ Anti-handling _____
2. What does the bomb look like? _____
3. Where is the bomb located right now? _____
4. When is the bomb going to explode? _____
5. What will cause the bomb to explode? _____
6. Did you place the bomb? _____
7. Why did you place the bomb? _____
8. Where are you calling from? _____
9. What is your name? _____
10. What is your address? _____

EXACT WORDING OF THREAT

Sex of Caller: _____ Female _____ Male Approximate Age of Caller: _____

Possible Race of Caller: _____ Is the voice familiar? Yes _____ No _____

If yes, whom did it sound like? _____

Length of Call: _____ Number at Which Call Was Received: _____

Date Received: _____ Time Received: _____

Person Receiving Call: _____ Police Department: _____

DESCRIPTION**Circle/check all that apply.**

VOICE	SPEECH	MANNER
Loud	Fast	Calm
High Pitched	Distinct	Rational
Raspy	Stutter	Deliberate
Soft	Slurred	Angry
Deep	Slow	Crying
Pleasant	Lisp	Incoherent
Nasal	Breathless	Emotional
Disguised	Distorted	Laughing
Normal	Monotone	Intoxicated

Circle/check the most appropriate answer. Use provided space for more specific information.

ACCENT	LANGUAGE
Local	Articulate/Educated
Regional	Fair/Good
Foreign	Poorly Educated
Race	Cursing/Offensive
Other	Other

BACKGROUND NOISE**Circle/check the most appropriate answer.
Use provided space for more specific information.**

Factory/Mechanical	Street/Traffic	Office Machinery
Glassware/Café	Trains	Music
Airplanes	PA System	Rain/Thunder
Voices/Talking	Party Atmosphere	Quiet
Radio/TV	Household Appliance	Animals (Specify)

**FAMILIARITY:
WITH THREATENED FACILITY**

_____Much _____Some _____None

WITH GENERAL AREA/LOCATION

_____Much _____Some _____None

ADDITIONAL PERTINENT INFORMATION OR REMARKS

EMERGENCY CHECKLIST
MISSING RESIDENT

DATE: _____ TIME: _____

Completed Initials

- _____ 1. Communicate internal notification of missing resident.
- _____ 2. Search every SPACE in facility.
- _____ 3. Search immediate grounds - supply flashlights.
- _____ 4. Call 911 or local Police Department.
- _____ 5. Contact DHSS Central Registry Unit
(800) 392-0210
- _____ 6. Notify responsible family member:
- ✓ Inform family that resident is missing.
 - ✓ State that local Police Department has been notified.
 - ✓ Ask family members to remain at home near phone.
 - ✓ Discourage family members from coming to the facility until notified to do so.
- _____ 7. Supply resident's picture from medical records to search team members. (Current yearly photos are encouraged.)

Signature

Date

TABLE
EMERGENCY CHECKLISTS
DEPARTMENT RESPONSIBILITIES
ADMINISTRATIVE SERVICES

DATE: _____ TIME: _____

Completed Initials

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Alert staff of emergency. |
| _____ | _____ | 2. Determine extent/type of emergency. |
| _____ | _____ | 3. Activate emergency plans. |
| _____ | _____ | 4. Activate emergency staffing. |
| _____ | | Provide transportation of emergency personnel, as needed. |
| _____ | _____ | 5. Notify local jurisdiction support. |
| _____ | _____ | 6. Contact pharmacy to determine: |
| _____ | _____ | a. Cancellation of deliveries? |
| _____ | _____ | b. Availability of backup pharmacy? |
| _____ | _____ | c. Availability of 5 days of medical supplies? |
| _____ | _____ | 7. Authorize operation of crisis command post. |
| _____ | _____ | a. Provide checklists to staff. |
| _____ | _____ | b. Ensure communications equipment is operational. |
| _____ | _____ | 8. Cancel special activities (i.e.: trips, activities, family visits, etc.) |
| _____ | _____ | 9. Monitor the emergency communication station. |
| _____ | _____ | 10. Receive briefings from Department Heads on pending operations. |
| _____ | _____ | 11. Closely monitor weather reports for significant weather changes or warnings. |
| _____ | _____ | 12. Determine need for evacuation and begin procedures, if necessary. |
| _____ | _____ | 13. Arrange for emergency transportation of ambulatory residents. |
| _____ | _____ | 14. If necessary, prepare facility for sheltering of external populations: |
| _____ | _____ | a. Designate allotted space and food. |
| _____ | _____ | b. Provide additional staffing. |

Signature

Date

EMERGENCY CHECKLIST
DIETARY/FOOD SERVICES

DATE: _____ TIME: _____

Completed Initials

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Check water and food for contamination. |
| _____ | _____ | 2. Check refrigeration loss if refrigerator or food lockers are not on emergency power circuit. |
| _____ | _____ | 3. Recommend 5-day supply of food storage for residents and staff. |
| _____ | _____ | 4. Ensure availability of special resident menu requirements. |
| _____ | _____ | 5. Assess needs for additional food stocks. |
| _____ | _____ | 6. Secure dietary cart in sub-dining room or small, enclosed area. |
| _____ | _____ | 7. Assemble required food and water rations to move to evacuation site, as necessary. |

Signature

Date

EMERGENCY CHECKLIST
HOUSEKEEPING SERVICES

DATE: _____ TIME: _____

Completed Initials

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Ensure cleanliness of residents. |
| _____ | _____ | 2. Ensure provision of resident supplies for five days. |
| _____ | _____ | 3. Clear corridors of any obstructions such as carts, wheelchairs, etc. |
| _____ | _____ | 4. Secure laundry cart in main bathroom. |
| _____ | _____ | 5. Check equipment (wet/dry vacuums, etc.) |
| _____ | _____ | 6. Secure facility (close windows, lower blinds, etc.) |

Signature

Date

EMERGENCY CHECKLIST
MAINTENANCE SERVICES

DATE: _____ TIME: _____

Completed Initials

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Review staffing/extend shifts. |
| _____ | _____ | 2. Check safety of surrounding grounds (secure loose outdoor equipment and furniture). |
| _____ | _____ | 3. Secure doors. |
| _____ | _____ | 4. Check/fuel emergency generator and switch to alternative power as necessary. |
| | _____ | a. Alert Department Heads of equipment supported by emergency generator. |
| | _____ | b. If pump or switch on emergency generator is controlled electrically, install manual pump or switch. |
| _____ | _____ | 5. Check hazardous materials. |
| _____ | _____ | 6. Conduct inventory of vehicles, tools and equipment and report to administrative service. |
| _____ | _____ | 7. Fuel vehicles. |
| _____ | _____ | 8. Identify shut off valves and switches for gas, oil, water and electricity and post charts to inform personnel. |
| _____ | _____ | 9. Identify hazardous and protective areas of facility and post locations. |
| _____ | _____ | 10. Close down/secure facility in event of evacuation. |

Signature

Date

EMERGENCY CHECKLIST
NURSING/MEDICAL SERVICES

DATE: _____ TIME: _____

Completed Initials

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Ensure delivery of resident medical needs. |
| _____ | _____ | 2. Assess special medical situations. |
| _____ | _____ | 3. Coordinate oxygen use. |
| _____ | _____ | 4. Relocate endangered residents. |
| _____ | _____ | 5. Ensure availability of medical supplies. |
| _____ | _____ | 6. Ensure safety of resident records. |
| _____ | _____ | 7. Maintain resident accountability and control. |
| _____ | _____ | 8. Supervise residents and their release to relatives, when approved. |
| _____ | _____ | 9. Ensure proper control of arriving residents and their records. |
| _____ | _____ | 10. Screen ambulatory residents to identify those eligible for release. |
| _____ | _____ | 11. Maintain master list of all residents, including their dispositions.
Forward this list to the local authorities. |

Signature

Date

EMERGENCY CHECKLIST
RESIDENT SERVICES

DATE: _____ TIME: _____

Completed Initials

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Notify resident families. |
| _____ | _____ | 2. Coordinate information release with senior administrator. |
| _____ | _____ | 3. Facilitate telephone communication. |
| _____ | _____ | 4. Act as message center. |

Signature

Date

EMERGENCY CHECKLIST
SECURITY SERVICES

DATE: _____ TIME: _____

Completed Initials

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Assess building security. |
| _____ | _____ | 2. Secure building as needed. |
| _____ | _____ | 3. Control entry and exit. |
| _____ | _____ | 4. Provide protection for residents and staff. |

Signature

Date

TAB F
INVENTORY CHECKLIST

Vehicle Resources Available

Locations and # of Buses _____

Points of Contact _____

Locations and # of Vans _____

Points of Contact _____

We recommend a minimum of five days supply for each consumable.

Completed	Item	Remarks
	Food Supply	
	Water Supply	
	Ice Supply	
	Medical/Medicine Supply	

TAB G
EMERGENCY POINTS OF CONTACT DIRECTORY

LOCAL FIRE DEPARTMENT

NAME _____

ADDRESS _____

PHONE EMER# _____ BUS# _____

LOCAL POLICE DEPARTMENT

NAME _____

ADDRESS _____

PHONE EMER# _____ BUS# _____

LOCAL EMERGENCY MEDICAL SERVICES

NAME _____

ADDRESS _____

PHONE EMER# _____ BUS# _____

LOCAL EMERGENCY MANAGEMENT AGENCY

NAME _____

ADDRESS _____

PHONE EMER# _____ BUS# _____

LOCAL AMERICAN RED CROSS

NAME _____

ADDRESS _____

PHONE EMER# _____ BUS# _____

COUNTY/STATE HEALTH DEPARTMENT

NAME _____

ADDRESS _____

PHONE EMER# _____ BUS# _____

TAB H
WHAT TO DO AFTER A FLOOD

- Listen for news reports to learn whether the community's water supply is safe to drink.
- Avoid floodwaters; water may be contaminated by oil, gasoline, or raw sewage. Water may also be electronically charged from underground or downed power lines.
- Be aware of areas where floodwaters have receded. Roads may have weakened and could collapse under the weight of a car.
- Stay away from downed power lines, and report them to the power company.
- Return home only when authorities indicate it is safe.
- Stay out of any building if it is surrounded by floodwaters.
- Use extreme caution when entering buildings; there may be hidden damage, particularly in foundations.
- Service damaged septic tanks, cesspools, pits, and leaching systems as soon as possible. Damaged sewage systems are serious health hazards.
- Clean and disinfect everything that got wet. Mud left from floodwater can contain sewage and chemicals.

TAB I
WHAT TO DO AFTER A HAZARDOUS MATERIALS INCIDENT

The following are guidelines for the period following a hazardous materials incident:

- Return home only when authorities say it is safe. Open windows and vents and turn on fans to provide ventilation.
- Act quickly if you have come in to contact with or have been exposed to hazardous chemicals. Do the following:
 - Follow decontamination instructions from local authorities. You may be advised to take a thorough shower, or you may be advised to stay away from water and follow another procedure.
 - Seek medical treatment for unusual symptoms as soon as possible.
 - Place exposed clothing and shoes in tightly sealed containers. Do not allow them to contact other materials. Call local authorities to find out about proper disposal.
 - Advise everyone who comes in to contact with you that you may have been exposed to a toxic substance.
- Find out from local authorities how to clean up your land and property.
- Report any lingering vapors or other hazards to your local emergency services office.

TAB J
WHAT TO DO AFTER A FIRE/WILDFIRE

The following are guidelines for different circumstances in the period following a fire:

- **If you are with burn victims, or are a burn victim yourself**, call 9-1-1; cool and cover burns to reduce chance of further injury or infection.
- **If you detect heat or smoke** when entering a damaged building, evacuate immediately.
- **If you are a tenant**, contact the landlord.
- **If you have a safe or strong box**, do not try to open it. It can hold intense heat for several hours. If the door is opened before the box has cooled, the contents could burst into flames.

The following are guidelines for different circumstances in the period following a wildfire:

- Check the roof immediately. Put out any roof fires, sparks or embers. Check the attic for hidden burning sparks.
- At the advice of local fire officials, maintain a "fire watch." This duty should be assigned to a specific person and the length of time of the "fire watch" shall be determined. Re-check for smoke and spark throughout the house.

TAB K
WHAT TO DO AFTER AN EARTHQUAKE

- **Expect aftershocks.** These secondary shockwaves are usually less violent than the main quake but can be strong enough to do additional damage to weakened structures and can occur in the first hours, days, weeks, or months after the quake.
- **Listen to a battery-operated radio or television** for latest emergency information.
- **Use the telephone only for emergency calls.**
- **Open cabinets cautiously.** Beware of objects that can fall off shelves.
- **Stay away from damaged areas** unless police, fire, or relief organizations have specifically requested your assistance. Return to the facility only when authorities say it is safe.
- **Help injured or trapped persons until emergency assistance arrives.** Give first aid where appropriate. Do not move seriously injured persons unless they are in immediate danger of further injury. Call for help.
- **Clean up spilled medicines, bleaches, gasoline or other flammable liquids immediately.** Leave the area if you smell gas or fumes from other chemicals.
- **Inspect the entire length of chimneys for damage.**
- **Inspect utilities.**
 - **Check for gas leaks.** If you smell gas or hear blowing or hissing noise, start evacuation procedures quickly. Turn off the gas at the outside main valve if you can.
 - **Look for electrical system damage.** If you see sparks, broken or frayed wires, or smell hot insulation, turn off the electricity at the main fuse box or circuit breaker. Begin evaluation procedures.
 - **Check for sewage and water lines damage.** If you suspect sewage lines are damaged, avoid using the toilets and call a plumber. If water pipes are damaged, contact the water company and avoid using water from the tap.

TAB L
WHAT TO DO AFTER A LANDSLIDE OR DEBRIS FLOW

Guidelines for the period following a landslide:

- **Stay away from the slide area.** There may be danger of additional slides.
- **Listen to local radio or television stations** for the latest emergency information.
- **Watch for flooding**, which may occur after a landslide or debris flow. Floods sometimes follow landslides and debris flows because they may both be started by the same event.
- **Look for and report broken utility lines and damaged roadways and railways to appropriate authorities.** Reporting potential hazards will get the utilities turned off as quickly as possible, preventing further hazard and injury.
- **Check the building foundation, chimney, and surrounding land for damage.** Damage to foundations, chimneys, or surrounding land may help you assess the safety of the area.
- **Replant damaged ground as soon as possible** since erosion caused by loss of ground cover can lead to flash flooding and additional landslides in the near future.
- **Seek advice from a geotechnical expert for evaluating landslide hazards or designing corrective techniques to reduce landslide risk.** A professional will be able to advise you of the best ways to prevent or reduce landslide risk, without creating further hazard

TAB M
GENERAL GUIDELINES

Disaster Events

- Everyone who sees or experiences a disaster is affected by it in some way.
- It is normal to feel anxious about your own safety and that of your family and close friends.
- Profound sadness, grief, and anger are normal reactions to an abnormal event.
- Acknowledging your feelings helps you recover.
- Focusing on your strengths and abilities helps you heal.
- Accepting help from community programs and resources is healthy.
- Everyone has different needs and different ways of coping.
- It is common to want to strike back at people who have caused great pain.
- Children and older adults are of special concern in the aftermath of disasters. Even individuals who experience a disaster “second hand” through exposure to extensive media coverage can be affected.
- Contact local faith-based organizations, voluntary agencies, or professional counselors for counseling.
- Additionally, FEMA and state and local governments of the affected area may provide crisis-counseling assistance.

Recognize Signs of Disaster Related Stress

When adults have the following signs, they might need crisis counseling or stress management assistance:

- Difficulty communicating thoughts.
- Difficulty sleeping.
- Difficulty maintaining balance in their lives.
- Low threshold of frustration.
- Increased use of drugs/alcohol.
- Limited attention span.
- Poor work performance.
- Headaches/stomach problems.
- Tunnel vision/muffled hearing.
- Colds or flu-like symptoms.
- Disorientation or confusion.
- Difficulty concentrating.
- Reluctance to leave home.
- Depression, sadness.
- Feelings of hopelessness.
- Mood-swings and easy bouts of crying.
- Overwhelming guilt and self-doubt.
- Fear of crowds, strangers, or being alone.

Easing Disaster-Related Stress

The following are ways to ease disaster-related stress:

- Talk with someone about your feelings - anger, sorrow, and other emotions - even though it may be difficult.
- Seek help from professional counselors who deal with post-disaster stress.
- Do not hold yourself responsible for the disastrous event or be frustrated because you feel you cannot help directly in the rescue work.
- Take steps to promote your own physical and emotional healing by healthy eating, rest, exercise, relaxation, and meditation.
- Maintain a normal family and daily routine, limiting demanding responsibilities on yourself and your family.
- Spend time with family and friends.
- Participate in memorials.
- Use existing support groups of family, friends, and religious institutions.
- Ensure you are ready for future events by restocking your disaster supplies kits and updating your family disaster plan. Doing these positive actions can be comforting.

TAB N

RETURNING TO FACILITY

Web-links for additional resources on disaster recovery:

- [General Tips](http://www.fema.gov/rebuild/recover/0) (<http://www.fema.gov/rebuild/recover/0>)
- [Before You Enter Your Home](http://www.fema.gov/rebuild/recover/1) (<http://www.fema.gov/rebuild/recover/1>)
- [Going Inside Your Home](http://www.fema.gov/rebuild/recover/2) (<http://www.fema.gov/rebuild/recover/2>)

General Tips

Returning to your facility can be both physically and mentally challenging. Above all, use caution. Check for injuries. Do not attempt to move seriously injured persons unless they are in immediate danger of death or further injury. If you must move an unconscious person, first stabilize the neck and back, then call for help immediately.

- Keep a battery-powered radio with you so you can listen for emergency updates and news reports.
- Use a battery-powered flashlight to inspect a damaged home.
Note: The flashlight should be turned on outside before entering - the battery may produce a spark that could ignite leaking gas, if present.
- Watch out for animals, especially poisonous snakes. Use a stick to poke through debris.
- [Be wary of wildlife and other animals](http://www.fema.gov/rebuild/recover/wildlife.shtm)
(<http://www.fema.gov/rebuild/recover/wildlife.shtm>)
- Use the phone only to report life-threatening emergencies.
- Stay off the streets. If you must go out, watch for fallen objects; downed electrical wires; and weakened walls, bridges, roads, and sidewalks.

Before You Enter Your Facility

Walk carefully around the outside and check for loose power lines, gas leaks, and structural damage. If you have any doubts about safety, have your residence inspected by a qualified building inspector or structural engineer before entering.

DO NOT ENTER IF:

- You smell gas.
- Floodwaters remain around the building.
- Your home was damaged by fire and the authorities have not declared it safe.

Going Inside Your Facility

When you go inside your facility, there are certain things you should do. Enter the facility carefully and check for damage. Be aware of loose boards and slippery floors. The following items are other things to check inside your facility:

- **Natural gas.** If you smell gas or hear a hissing or blowing sound, open a window and leave immediately. Turn off the main gas valve from the outside, if you can. Call the gas company from a neighbor's residence. If you shut off the gas supply at the main valve, you will need a professional to turn it back on. Do not smoke or use oil, gas lanterns, candles, or torches for lighting inside a damaged home until you are sure there is no leaking gas or other flammable materials present.
- **Sparks, broken or frayed wires.** Check the electrical system unless you are wet, standing in water, or unsure of your safety. If possible, turn off the electricity at the main fuse box or circuit breaker. If the situation is unsafe, leave the building and call for help. Do not turn on the lights until you are sure they're safe to use. You may want to have an electrician inspect your wiring.
- **Roof, foundation, and chimney cracks.** If it looks like the building may collapse, leave immediately.
- **Appliances.** If appliances are wet, turn off the electricity at the main fuse box or circuit breaker. Then, unplug appliances and let them dry out. Have appliances checked by a professional before using them again. Also, have the electrical system checked by an electrician before turning the power back on.
- **Water and sewage systems.** If pipes are damaged, turn off the main water valve. Check with local authorities before using any water; the water could be contaminated. Pump out wells and have the water tested by authorities before drinking. Do not flush toilets until you know that sewage lines are intact.
- **Food and other supplies.** Throw out all food and other supplies that you suspect may have become contaminated or come in to contact with floodwater. If your basement has flooded, pump it out gradually (about one third of the water per day) to avoid damage. The walls may collapse and the floor may buckle if the basement is pumped out while the surrounding ground is still waterlogged.
- **Open cabinets.** Be alert for objects that may fall.
- **Clean up household chemical spills.** Disinfect items that may have been contaminated by raw sewage, bacteria, or chemicals. Also clean salvageable items.
- **Call your insurance agent.** Take pictures of damages. Keep good records of repair and cleaning costs.

Aiding the Injured

Check for injuries. Do not attempt to move seriously injured persons unless they are in immediate danger of death or further injury. If you must move an unconscious person, first stabilize the neck and back, then call for help immediately.

- If the victim is not breathing, carefully position the victim for artificial respiration, clear the airway, and commence mouth-to-mouth resuscitation.
- Maintain body temperature with blankets. Be sure the victim does not become overheated.
- Never try to feed liquids to an unconscious person.

Health

- Be aware of exhaustion. Don't try to do too much at once. Set priorities and pace yourself. Get enough rest.
- Drink plenty of clean water.. Eat well.. Wear sturdy work boots and gloves.
- Wash your hands thoroughly with soap and clean water often when working in debris.

Safety Issues

- Be aware of new safety issues created by the disaster. Watch for washed out roads, contaminated buildings, contaminated water, gas leaks, broken glass, damaged electrical wiring, and slippery floors.
- Inform local authorities about health and safety issues, including chemical spills, downed power lines, washed out roads, smoldering insulation, and dead animals.

Seeking Disaster Assistance

Throughout the recovery period, it is important to monitor local radio or television reports and other media sources for information about where to get emergency housing, food, first aid, clothing, and financial assistance. Check with you local emergency planning director for assistance. The following section provides general information about the kinds of assistance that may be available.

Direct Assistance

Direct assistance to individuals and families may come from any number of organizations which provide food, shelter, supplies and assist in clean-up efforts, including:

- American Red Cross
- Salvation Army
- Other volunteer organizations

The Federal Role

In the most severe disasters, the federal government is also called in to help individuals and families with temporary housing, counseling (for post-disaster trauma), low-interest loans and grants, and other assistance. The federal government also has programs that help small businesses and farmers.

Most federal assistance becomes available when the President of the United States declares a “Major Disaster” for the affected area at the request of a state governor. FEMA will provide information through the media and community outreach about federal assistance and how to apply, or contact your local Emergency Management Director.

TAB O
PLANNING FOR PETS AND SERVICE ANIMALS
IN AN EMERGENCY

For many people, pets and service animals are more than just animals – they are part of the family. As members of a family, they should be included in the emergency planning process. A few simple steps to ensure the pet’s safety can go a long way when disaster strikes.

Long term care facilities should identify those residents that have a pet or service animal and how those animals will be cared for in an emergency. The long term care facility itself must also plan for any pets that they keep on the premises (i.e., birds). Consider placing stickers on the main entrances of the facility to alert rescue workers to the number and types of pets inside and update the information on the stickers every six months or more.

EVACUATING WITH A PET OR SERVICE ANIMAL

Think about where the resident will go with the pet or service animal and how they will get there if they have to leave the facility during an emergency. Keep in mind that the place the resident will relocate to may not take pets or be able to care for them (such as a hospital, nursing home, or public shelter). As a reminder, service animals are always allowed. In planning for an emergency evacuation:

- Arrange for the resident’s family or friends to shelter the pet. Check with local veterinarians, boarding kennels, or grooming facilities to see if they can offer to shelter pets during an emergency. These arrangements should be made prior to an emergency (see Emergency Contacts below).
- Know where the pet/service animal’s collar/harness, leash, muzzle, etc., are kept so they can be easily found. Consider other essential items to take along if available and time permits such as:
 - Current color photograph of the resident and pet/service animal together (in case the resident is separated)
 - Copies of medical records that indicate dates of vaccinations and a list of medications the pet/service animal takes and why
 - Physical description of the pet/service animal, including species, breed, age, sex, color, distinguishing traits, and any other vital information about characteristics and behavior
 - Proof of identification and ownership
 - Collapsible cage or carrier
 - Comforting toys or treats
- When conducting evacuation drills, practice evacuating the pets/service animals. This will familiarize the animal with the process and increase their comfort level.

Identify staff that will assist the resident with their pet/service animal if needed or will be responsible for any pets the facility keeps on the premises.

- Identify which rooms the pets/service animals are located in (know the animals hiding places) so they can be easily found during an emergency.
- Keep in mind a stressed pet/service animal may behave differently than normal and their aggression level may increase. Use a muzzle to prevent bites. Also be advised that panicked animals may try to flee.
- Small animals can be transported using a covered carrier, cage, or secure box. To minimize stress, keep the carrier covered and attempt to minimize severe changes in temperature and noise. Animals too large for carriers should be controlled on a sturdy leash and may need to be muzzled.

PROPER IDENTIFICATION

- Pets and service animals must have proper identification. Dogs and cats should wear a collar or harness, rabies tag, and identification tag at all times. Identification tags should include a name, address, and phone number to contact.
- Talk to a veterinarian about microchipping the pet/service animal. A properly registered microchip enables positive identification if the resident and pet/service animal are separated.

EMERGENCY CONTACTS

Create a list of contacts for those residents with a pet or service animal as appropriate. This should be done before an emergency occurs. Consider local and out-of-area resources. Keep a copy of this list in a readily accessible location (near the phone). Contact information includes:

Name and Telephone Number

Local Veterinarian: _____

Alternate Veterinarian: _____

Emergency Pet Contact: _____
(Family or Friend)

Local Boarding Facility: _____

Local Animal Shelter: _____

Missouri Humane Society: _____

TAB P
PANDEMIC INFLUENZA PLANNING CHECKLIST

Planning for pandemic influenza is critical for ensuring a sustainable healthcare response. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed this checklist to help long-term care and other residential facilities assess and improve their preparedness for responding to pandemic influenza. Based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation), each facility will need to adapt this checklist to meet its unique needs and circumstances. This checklist should be used as one tool in developing a comprehensive pandemic influenza plan. Additional information can be found at www.pandemicflu.gov. Information from state, regional, and local health departments, emergency management agencies/authorities, and trade organizations should be incorporated into the facility's pandemic influenza plan. Comprehensive pandemic influenza planning can also help facilities plan for other emergency situations.

This checklist identifies key areas for pandemic influenza planning. Long-term care and other residential facilities can use this tool to self-assess the strengths and weaknesses of current planning efforts. Links to websites with helpful information are provided throughout this document. However, it will be necessary to actively obtain information from state and local resources to ensure that the facility's plan complements other community and regional planning efforts.

Completed	Tasks
	<p>1. Structure for planning and decision-making.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pandemic influenza has been incorporated into emergency management planning and exercises for the facility. <input type="checkbox"/> A multidisciplinary planning committee or team has been created to specifically address pandemic influenza preparedness planning. (List committee or team's name.) _____ <input type="checkbox"/> A person has been assigned responsibility for coordinating preparedness planning, hereafter referred to as the pandemic influenza response coordinator. (Insert name, title and contact information.) _____ <input type="checkbox"/> Members of the planning committee include (as applicable to each setting) the following: (Develop a list of committee members with the name, title, and contact information for each personnel category checked below and attach to this checklist.) _____

	<ul style="list-style-type: none"> ▪ Facility administration ▪ Medical director ▪ Nursing administration ▪ Infection control ▪ Occupational health ▪ Staff training and orientation ▪ Engineering/maintenance services ▪ Environmental (housekeeping) services ▪ Dietary (food) services ▪ Pharmacy services ▪ Occupational/rehabilitation/physical therapy services ▪ Transportation services ▪ Purchasing agent ▪ Facility staff representative ▪ Other member(s) as appropriate (e.g., clergy, community representatives, department heads, resident and family representatives, risk managers, quality improvement, direct care staff, collective bargaining agreement union representatives) <p><input type="checkbox"/> Local and state health departments and provider/trade association points of contact have been identified for information on pandemic influenza planning resources. (Insert name, title and contact information for each.)</p> <p>Local health department contact: _____</p> <p>State health department contact: _____</p> <p><input type="checkbox"/> Local, regional, or state emergency preparedness groups, including bioterrorism/communicable disease coordinators points of contact have been identified. (Insert name, title and contact information for each.)</p> <p>City: _____</p> <p>County: _____</p> <p>Other regional: _____</p> <p><input type="checkbox"/> Area hospitals points of contact have been identified in the event that facility residents require hospitalization or facility beds are needed for hospital patients being discharged in order to free up needed hospital beds. (Attach a list with the name, title, and contact information for each hospital.)</p> <p><input type="checkbox"/> The pandemic influenza response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on coordinating the facility's plan with other influenza plans.</p>
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	<p>2. Development of a written pandemic influenza plan.</p> <ul style="list-style-type: none"> ❑ Copies have been obtained of relevant sections of the HHS Pandemic Influenza Plan (available at www.hhs.gov/pandemicflu/plan/) and available state, regional, or local plans are reviewed for incorporation into the facility's plan. ❑ The facility plan includes the elements listed in #3 below. ❑ The plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used.
	<p>3. Elements of an influenza pandemic plan</p> <ul style="list-style-type: none"> ❑ A plan is in place for surveillance and detection of the presence of pandemic influenza in residents and staff. <ul style="list-style-type: none"> ▪ A person has been assigned responsibility for monitoring public health advisories (federal and state), and updating the pandemic response coordinator and members of the pandemic influenza planning committee when pandemic influenza has been reported in the United States and is nearing the geographic area. For more information, see www.cdc.gov/flu/weekly/fluactivity.htm. (Insert name, title and contact information of person responsible.) _____ ▪ A written protocol has been developed for weekly or daily monitoring of seasonal influenza-like illness in residents and staff. For more information, see www.cdc.gov/flu/professionals/diagnosis/. (Having a system for tracking illness trends during seasonal influenza will ensure that the facility can detect stressors that may affect operating capacity, including staffing and supply needs, during a pandemic.). ▪ A protocol has been developed for the evaluation and diagnosis of residents and/or staff with symptoms of pandemic influenza. ▪ Assessment for seasonal influenza is included in the evaluation of incoming residents. There is an admission policy or protocol to determine the appropriate placement and isolation of patients with an influenza-like illness. (The process used during periods of seasonal influenza can be applied during pandemic influenza.). ▪ A system is in place to monitor for, and internally review transmission of, influenza among patients and staff in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting). (This system will

	<p>be necessary for assessing pandemic influenza transmission.)</p> <ul style="list-style-type: none"> ❑ A facility communication plan has been developed. For more information, see www.hhs.gov/pandemicflu/plan/sup10.html. <ul style="list-style-type: none"> ▪ Key public health points of contact during an influenza pandemic influenza have been identified. (Insert name, title and contact information for each.) <ul style="list-style-type: none"> o Local health department contact: _____ o State health department contact: _____ o A person has been assigned responsibility for communications with public health authorities during a pandemic. (Insert name, title and contact information.) _____ o _____ o A person has been assigned responsibility for communications with staff, residents, and their families regarding the status and impact of pandemic influenza in the facility. (Having one voice that speaks for the facility during a pandemic will help ensure the delivery of timely and accurate information.) o Contact information for family members or guardians of facility residents is up-to-date. o Communication plans include how signs, phone trees, and other methods of communication will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g., sales and delivery people) about the status of pandemic influenza in the facility. o A list has been created of other healthcare entities and their points of contact (e.g., other long-term care and residential facilities, local hospitals' emergency medical services, relevant community organizations [including those involved with disaster preparedness]) with whom it will be necessary to maintain communication during a pandemic. (Insert location of contact list and attach a copy to the pandemic plan.) _____ o _____ o A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during a pandemic. ❑ A plan is in place to provide education and training to ensure that all personnel, residents, and family members of residents understand the implications of, and basic prevention and control measures for, pandemic influenza. <ul style="list-style-type: none"> ▪ A person has been designated with responsibility for coordinating education and training on pandemic influenza (e.g., identifies and
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	<p>facilitates access to available programs, maintains a record of personnel attendance). (Insert name, title, and contact information.) __</p> <hr/> <ul style="list-style-type: none"> ▪ Current and potential opportunities for long-distance (e.g., web-based) and local (e.g., health department or hospital-sponsored) programs have been identified. See www.cdc.gov/flu/professionals/training/. ▪ Language and reading-level appropriate materials have been identified to supplement and support education and training programs (e.g., available through state and federal public health agencies such as www.cdc.gov/flu/groups.htm and through professional organizations), and a plan is in place for obtaining these materials. ▪ Education and training includes information on infection control measures to prevent the spread of pandemic influenza. ▪ The facility has a plan for expediting the credentialing and training of non-facility staff brought in from other locations to provide patient care when the facility reaches a staffing crisis. <p>Informational materials (e.g., brochures, posters) on pandemic influenza and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for residents and their families. These materials are language and reading-level appropriate, and a plan is in place to disseminate these materials in advance of the actual pandemic. For more information, see www.cdc.gov/flu/professionals/infectioncontrol/index.htm and www.cdc.gov/flu/groups.htm.</p> <ul style="list-style-type: none"> ❑ An infection control plan is in place for managing residents and visitors with pandemic influenza that includes the following: (For information on infection control recommendations for pandemic influenza, see www.hhs.gov/pandemicflu/plan/sup4.html.) <ul style="list-style-type: none"> ▪ An infection control policy that requires direct care staff to use Standard (www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html) and Droplet Precautions (i.e., mask for close contact) (www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html) with symptomatic residents. ▪ A plan for implementing Respiratory Hygiene/Cough Etiquette throughout the facility. (See www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm.) ▪ A plan for cohorting symptomatic residents or groups using one or
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	<p>more of the following strategies: 1) confining symptomatic residents and their exposed roommates to their room, 2) placing symptomatic residents together in one area of the facility, or 3) closing units where symptomatic and asymptomatic residents reside (i.e., restricting all residents to an affected unit, regardless of symptoms). The plan includes a stipulation that, where possible, staff who are assigned to work on affected units will not work on other units.</p> <ul style="list-style-type: none"> ▪ Criteria and protocols for closing units or the entire facility to new admissions when pandemic influenza is in the facility have been developed. ▪ Criteria and protocols for enforcing visitor limitations have been developed. <p>□ An occupational health plan for addressing staff absences and other related occupational issues has been developed that includes the following:</p> <ul style="list-style-type: none"> ▪ A liberal/non-punitive sick leave policy that addresses the needs of symptomatic personnel and facility staffing needs. The policy considers: <ul style="list-style-type: none"> ○ The handling of personnel who develop symptoms while at work. ○ When personnel may return to work after having pandemic influenza. ○ When personnel who are symptomatic, but well enough to work, will be permitted to continue working. ○ Personnel who need to care for family members who become ill. ▪ A plan to educate staff to self-assess and report symptoms of pandemic influenza before reporting for duty. ▪ A list of mental health and faith-based resources that will be available to provide counseling to personnel during a pandemic. ▪ A system to monitor influenza vaccination of personnel. ▪ A plan for managing personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised workers) by placing them on administrative leave or altering their work location. <p>□ A vaccine and antiviral use plan has been developed.</p> <ul style="list-style-type: none"> ▪ CDC and state health department websites have been identified for obtaining the most current recommendations and guidance for the use, availability, access, and distribution of vaccines and antiviral
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	<p>medications during a pandemic. For more information, see www.hhs.gov/pandemicflu/plan/sup6.html and www.hhs.gov/pandemicflu/plan/sup7.html.</p> <ul style="list-style-type: none"> ▪ HHS guidance has been used to estimate the number of personnel and residents who would be targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis. For more information, see www.hhs.gov/pandemicflu/plan/sup6.html and www.hhs.gov/pandemicflu/plan/sup7.html. ▪ A plan is in place for expediting delivery of influenza vaccine or antiviral prophylaxis to residents and staff as recommended by the state health department. <p>□ Issues related to surge capacity during a pandemic have been addressed.</p> <ul style="list-style-type: none"> ▪ A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations. ▪ A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during an influenza pandemic. (Insert name, title and contact information.) _____ <hr/> <ul style="list-style-type: none"> ▪ Legal counsel and state health department contacts have been consulted to determine the applicability of declaring a facility "staffing crisis" and appropriate emergency staffing alternatives, consistent with state law. ▪ The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis. ▪ Estimates have been made of the quantities of essential materials and equipment (e.g., masks, gloves, hand hygiene products, intravenous pumps) that would be needed during a six-week pandemic. ▪ A plan has been developed to address likely supply shortages, including strategies for using normal and alternative channels for procuring needed resources. ▪ Alternative care plans have been developed for facility residents who need acute care services when hospital beds become unavailable.
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	<ul style="list-style-type: none">▪ Surge capacity plans include strategies to help increase hospital bed capacity in the community.<ul style="list-style-type: none">○ Signed agreements have been established with area hospitals for admission to the long-term care facility of non-influenza patients to facilitate utilization of acute care resources for more seriously ill patients.○ Facility space has been identified that could be adapted for use as expanded inpatient beds and information provided to local and regional planning contacts.▪ A contingency plan has been developed for managing an increased need for post mortem care and disposition of deceased residents.▪ An area in the facility that could be used as a temporary morgue has been identified.▪ Local plans for expanding morgue capacity have been discussed with local and regional planning contacts.
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RESOURCES

NAME OF RESOURCE	E-MAIL ADDRESS
American Red Cross; Disaster Services	http://www.redcross.org/services/disaster/0,1082,0_501_00.html
Are You Ready? An In-depth Guide to Citizen Preparedness, United States Department of Homeland Security:	http://www.fema.gov/pdf/areyouready/areyouready_full.pdf
Department of Health and Human Services Administration on Aging	http://www.aoa.gov/eldfam/Disaster_Assistance/Disaster_Assistance.asp
Local Public Health Agency (LPHA) Listing	http://www.dhss.mo.gov/LPHA/LPHAs.html
Long Term Care Regional Map	http://www.dhss.mo.gov/NursingHomes/ProviderInfo.html http://www.dhss.mo.gov/SeniorServices/index.html
Missouri Assisted Living Association 428 E. Capitol Avenue, Suite 206 Jefferson City, MO 65101 Phone: 573-635-8750	http://www.malarcf.org
Missouri Association of Homes for the Aging 515 East High Street, Suite 101W Jefferson City, MO 65101 PHONE: 573/635-6244	http://www.moaha.org/
Missouri Department of Health and Senior Services Emergency Response and Terrorism PHONE: 1-800-392-0272	http://www.dhss.mo.gov/BT_Response/Nat_Disaster/index.htm
Missouri Health Care Association 236 Metro Drive Jefferson City, MO 65109 PHONE: 573/ 893-2060	http://www.mohealthcare.com/
Missouri State Emergency Management Agency Jefferson City, Mo. PHONE: (573) 526-9100	http://www.sema.dps.mo.gov
MO Department of Health and Senior Services Section for Long Term Care Jefferson City, MO 65109 PHONE: 573/526-8570	http://www.dhss.mo.gov/
One-stop access to U.S. Government avian/pandemic flu information. Long Term Care; Managed by the Dept of Health and Human Services	http://www.pandemicflu.gov/plan/LongTermCareChecklist.html
United States Department of Homeland Security; Natural Disasters	http://www.ready.gov/natural_disasters.html

Last Modified Date: _____